

Declaration of Missing Receipt

This form may be used in place of up to three receipts for one trip. In accordance with Section 7.4 of *Manual 230.1, Commonwealth Travel Procedures Manual*, this form may be used for the following reasons:

1. Vending machine subsistence, parking meter, or unmanned toll booth expenses, when a receipt is not provided. A complete explanation is required.
2. Situations when it is not possible to obtain a required receipt. These instances should be rare and require the traveler to contact the vendor to obtain a receipt before using this form. A complete explanation of the situation and follow-up efforts with the vendor is required.

All information requested on this form must be provided. BCPO will not accept incomplete forms. Please print or type.

Employee Number	Employee Name	Agency	Trip Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Vendor Name and Address	Vendor Phone Number	Item(s) Purchased (one per line)	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation:

Total:

CERTIFICATION

I submit this form in lieu of missing receipts because I did not receive a receipt documenting payment. I certify that these are proper charges for costs I incurred while traveling on official commonwealth business. I understand that any false statements in this document are made subject to the penalties of *18 Pa.C.S. §4904* (relating to unsworn falsification to authorities) and that falsification of this document is an act of fraud that can result in disciplinary action, up to and including termination.

Employee Signature	Date
<input type="text"/>	<input type="text"/>

APPROVAL

Supervisor Signature	Supervisor Name (Please print or type)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>