**DECLARATION OF MISSING EVIDENCE FOR MISSING ORIGINAL RECEIPTS**

**AND/OR PAYMENTS MADE ON BEHALF OF “THE REGENTS OF THE**

**UNIVERSITY OF CALIFORNIA, RIVERSIDE”**

Instructions:

*Copy this form as needed. Attach this completed form to the Travel Expense Voucher (Form U85) or the Check Request (Form U5) in place of a missing original receipt. Complete a separate form for each missing original receipt. Also, only complete the appropriate section that applies to the type of payment made.*

*I,* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *declare that:*

1. *I disbursed personal monies on behalf of The Regents of the University of California, Riverside as follows:*

 *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Amount paid: $*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Vendor Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Vendor Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Description of payment:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The original receipt is not available. The reason (i.e. Could not be obtained, lost, etc.) is as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Travel Advance payment (i.e. airfare ticket, rail ticket, registration fee, hotel deposit, etc.) made by The Regents of the University of California, Riverside – Accounting Office on my behalf:*

*Payee’s Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Traveler’s Department:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Trip Destination:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Type of Advance:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Inclusive Dates of Trip:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Dollar Amount:* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Faculty/Employee Sponsor (if applicable):*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request by my signature of this document reimbursement for this disbursement from my personal funds **OR** to have the UCR Accounting Office – Travel Office clear the above advanced payment made for me by the UC Regents.

*Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_