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: __________________________________________________

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

   _________________________________________________________________________
   _________________________________________________________________________

3. 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: __________________________