



ACCOUNTING SERVICES & CONTROLS

SANTA BARBARA, CA 93106-2040

**DECLARATION OF MISSING EVIDENCE THAT A PAYMENT WAS MADE ON BEHALF OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Submit this form, completed by payee along with the appropriate Payment Request reimbursement form, when original receipt(s) have been lost or misplaced by the payee. Obtainable substitutes for lost or unavailable original receipts must accompany this form. This form is in no way intended as a replacement for acceptable receipt documentation nor is it evidence of incurred expenses.

Please have payee complete one form per missing receipt and attach it/them to the Payment Request form.

I, \_\_\_\_\_, declare that:  
(Payee's Name – Please Print)

1. Check applicable option:

- I disbursed personal monies on behalf of the Regents of the University of California as needed:
- University funds were disbursed on my behalf by the Regents of the University of California as follows:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

2. The original receipt is not available to submit with the Payment Request for reimbursement claim.

The reason is as follows:

Travel/Entertainment expense: alcohol  *was not*,  *was* purchased, costing \$ \_\_\_\_\_

3. Check applicable option:

- I request I be reimbursed for this disbursement of my personal funds.
- I request my Payment Request for reimbursement be processed for those expenses paid directly by the University and for which I am unable to produce the necessary documentation to support such expenditures.

Payee signature: \_\_\_\_\_ Date: \_\_\_\_\_