

MISSING RECEIPTS WORKSHEET

Columbia University in the City of New York OFFICE OF THE VP OF FINANCE			PAYEE NAME		INVOICE #
DESCRIPTION OF RECEIPTS					
RECEIPT NO.	RECEIPT DATE	VENDOR NAME / LOCATION	DESCRIPTION OF GOODS OR SERVICES	REASON RECEIPT IS MISSING	AMOUNT
TOTAL AMOUNT OF MISSING RECEIPTS					\$0.00

PAYEE'S NAME			
PAYEE'S SIGNATURE		DATE	
I certify that these expenses were actual and reasonable and incurred in accordance with University policy for the official business of Columbia Univ.. I certify that no portion of this claim was free of charge, previously reimbursed from any other source, or will be paid from any resource in the future.			
DEPT. APPROVER'S NAME			
APPROVER'S SIGNATURE		DATE	
I certify that I have reviewed all claims associated with this worksheet. I have found them to be in accordance with both Columbia University policies and procedures and the policies of any sponsoring agencies funding these activities and I hereby authorize payment.			