

CERTIFICATION

MISSING TRAVEL RECEIPTS

(Paragraph G, Section III, University Comprehensive Travel Policies and Procedures)

I _____, hereby certify that the original
(Name) (Employee T#)

receipt needed to support my travel claim cannot be provided for the reason(s) indicated below:

() Airline () Hotel () Registration () Other _____

____ Lost/Misplaced

____ Hotel did not issue receipt

____ Receipts for expenses in excess of authorized limitations

____ Receipt(s) was NOT issued by Taxi Operator at the time of service

____ OTHER _____

I further certify that the actual amount claimed is true and correct.

(Signature)

(Date)

Sworn and subscribed before me this _____ day of _____ 20_____

State of TENNESSEE, COUNTY OF DAVIDSON.

(Signature)

Commission Expires