



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. This does not serve as a substitute for proof of payment.

Please have payee complete **ONE FORM PER MISSING RECEIPT** and attach it/them to the Payment Request form.

1. I, \_\_\_\_\_, declare that:  
*Payee's Name - Please Print*

I disbursed personal monies on behalf of the Regents of the University of California as needed.

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

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

**IMPORTANT:** Description should include what was purchased and from where.

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 \$ \_\_\_\_\_

**IMPORTANT:** Before signing, are all fields completed? This form must be filled out in its entirety or it will be returned to the submitter. **Signature needs to be wet original.** Please print and sign.

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