



HIGHLAND COMMUNITY COLLEGE

**MISSING ORIGINAL RECEIPT**

Date on missing receipt: \_\_\_\_\_

**Missing Receipt Information:**

Vendor Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purchase Made: \_\_\_\_\_  
\_\_\_\_\_

Explain reason for missing receipt: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**By signing this verifies that these are true business expenses for HCC and have not been claimed for reimbursement on any other form.**