

**FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.**

*Certification Statement for  
Lost or Unavailable Receipt*

Payee Name: \_\_\_\_\_ Panther ID# \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Receipt Amount: \_\_\_\_\_ Type of Payment (i.e. credit card, cash, etc): \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Type of Expense (i.e. business meal, taxi, etc): \_\_\_\_\_

Reason receipt is unavailable or lost:

I hereby certify that the original receipt is unavailable or lost and that it's facsimile, or its original if found, will not be submitted for reimbursement or payment through any other source.

In the event a hotel receipt is misplaced, the traveler shall contact the travel agent or hotel for a copy of the receipt. Traveler will only be reimbursed for hotel related expenses if the traveler provides the itemized receipt.

In the event an airfare receipt is misplaced, the traveler shall contact the travel agent or aircraft carrier for a copy of the receipt. Traveler will only be reimbursed for airfare related expenses if the traveler provides the detailed airfare charges that includes the departure and arrival dates roundtrip, class of travel (economy), origin and destination, carrier name, flight #, and ticket #.

I understand that loss of more than two receipts in any 12-month period constitutes a failure in the dimension of accountability as defined in annual performance review, and further reimbursements will not be processed until a corrective action plan has been submitted by my supervisor.

\_\_\_\_\_  
**Signature of Payee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Supervisor**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**