

LOST OR MISSING RECEIPT FOR REIMBURSABLE EXPENSE OF \$75 OR MORE
(each lost/missing receipt must have its own individual signed statement)

I will not make another claim against the government for this item on Travel Order Number _____ and travel dates _____ to _____.

Total Amount: _____

Name of Establishment: _____

Full Address: _____

Contact Information (phone #): _____

I understand that there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729)

Traveler Signature w/EMPLID: _____ Date: _____

Printed Full Name: _____

Approving Official Signature w/EMPLID: _____ Date: _____

Printed Full Name: _____

The statement must be completed by the traveler and signed in BLUE INK by both the traveler and the Authorizing Official (AO).