

**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 ink by both the traveler and the Authorizing Official (AO).**