For Posting To:	Prepared By:		Reviewed By Opt MGR:	Option MGR will have Spending Authority for this Coding
Fiscal Year?				
20 *YY-YY*	*Print Name*		*Print Name*	
Month?	*Signature*		*Signature*	
E.g. MAR, APR, MAY	*Date: YYYY-MM-DD*		*Date: YYYY-MM-DD*	

This form is to be used only after every attempt is made to obtain a copy of the original receipt from the vendor. If this is not possible, explain your reasons in the details section of this form.

Details of missing receipt:

Describe goods or services purchased, in detail. *Entries without adequate details will be returned.*

Vendor Name:	**Vendor Contact Information:**	
		Street Address
		City/ Province / Country, if applicable
Vendor Name	*Postal Code*	*Email*
		Telephone Number

Enter total amount of missing receipts: ⬚ **(including tax)**

If applicable   * Required fields, as a minumum

Dept	Org	Prog	*Acct	*Fund	*Function	Initiative DFF	Future	Receipt Amount	Taxable ?	Pre-Tax Amount	Tax	Total
660				900			000.0000.0000					
660				900			000.0000.0000					
660				900			000.0000.0000					
Need more lines? Use more than one Template.									Total of Missing Receipts (including tax)			
									Must be Zero: Total missing receipts must equal total allocated			

COMMENTS (Add any remarks here, if any):

Attach to iExpense Claim, Petty Cash Form or P Card Transaction Report and send to Accounts Payable.

SEND TO:	**ACCOUNTS PAYABLE**	
	1234 MOUNTAIN ROAD	*Street Address*
Team Finance Use Only:	**MONCTON, NEW BRUNSWICK E1C 8H9**	*City/ Province / Country, if applicable*
Pay Document Number	**Email: P2P@nbcc.ca or Fax: 506-856-2821**	

Any document appearing in paper form is uncontrolled and must be compared to the electronic version.
2000.4842 Missing Receipt

1 | Page