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LOST CREDIT CARD RECEIPT FORM

I hereby certify that an original receipt was lost, accidentally destroyed or unobtainable and that the information detailed below is complete and accurate.

Receipt Information

Date of Receipt: _____

Total Amount of Receipt: _____

Vendor Name: _____

Description of Goods and/or Services purchased:

If a "lost" meal receipt, does the receipt cover more than one individual? If yes, please note their name(s) and the business purpose:

Name: _____

Signature: _____