



Appendix III: Lack of Itemized Receipt Form

Name: _____

Date: _____

Name of Vendor: _____

Purchase Date: _____

Detailed Description of Items Purchased: _____

Total Purchase Amount: _____

Did purchase include tax? _____ (if NO, submit a Tax Accrual Form)

Did purchase include shipping/handling? _____

Reason for Missing Itemized Receipt: _____

By signing below, I verify that an original itemized receipt is not available and that I have taken all measures to obtain a duplicate receipt. I am not claiming reimbursement from any other source nor claiming this purchase as a tax deduction. The expenses incurred are for ASI business purposes, there are no personal expenses, and the information provided is true and accurate.

Cardholder Signature: _____ **Date:** _____

Approving Official Signature: _____ **Date:** _____