

**Centenary College of Louisiana
Lost Receipt Substantiation**

Employee: _____

Date: _____

Vendor: _____

Amount: _____

Purpose: _____

If purpose of expense was meal or entertainment, please list those attending:

_____	_____
_____	_____
_____	_____

I verify that the transaction was a valid, authorized business expense related to University business, and complies with University policies and procedures. Attempt to obtain a copy of the receipt were made. The information provided within this form is accurate and true. No reimbursement of this expense has been or will be sought or accepted from any other source.

Cardholder's Signature: _____

Approving Official's Signature: _____

Cabinet Signature: _____

(if Cardholder is Head of Dept.)