



CERTIFICATION FOR MISSING RECEIPT

State Form 42275 (R2 / 6-23)
Approved by State Board of Accounts, 2018
Prescribed by the State Comptroller, 2018

RECEIPT INFORMATION

Date Paid (<i>month, day, year</i>)	Amount Paid		
Payee (<i>Name of Firm, Person, etc.</i>)			
Street	City	State	ZIP Code
Description of Expenses Incurred:			
Statement of Reason for Missing Receipt:			

CLAIMANT CERTIFICATION

Date (<i>month, day, year</i>)	Employee / Other Claimant Full Name	Title
This electronic signature certifies that the foregoing receipt related to an authorized expense is not available or obtainable, the information is true and accurate and the amount shown is legally due.		
Signature of Employee / Other Claimant		

AGENCY APPROVAL

I authorize the expense incurred and validate the expense is reasonable and necessary.	
Signature of Supervisor	Date (<i>month, day, year</i>)
Name of Supervisor	Title
Signature of Agency Head or CFO	Date (<i>month, day, year</i>)
Name of Agency Head or CFO	Title