

## MISSING ORIGINAL VENDOR RECEIPT

I hereby affirm that the original vendor receipt and/or proof of payment as detailed below has been lost or misplaced. This includes electronic vendor confirmation provided as the only form of available documentation.

To confirm, the referred to item is an allowable business expense, and adheres to Vancouver Coastal Health (VCH) policy, including, but not limited to, VCH's *Travel & Business Expense Reimbursement Policy*, *Purchasing Card Policy*, *Signing Authority Policy*, and *Research and Other Restricted Contributions Policy*.

I understand alcohol and tobacco are not allowable business expenses and verify that no alcohol and tobacco are included in the below amounts. This expense has not, and will not be claimed from any other source.

<b>Vendor Name</b>	
<b>Purchase Date</b>	
<b>Purchase Amount</b>	
<b>Purchase Details</b>	

Payee Signature: \_\_\_\_\_

Authorizer Signature: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Authorizer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### SUBMISSION NOTES

1. This form is only to be used in the absence of original receipts, and as an option of last resort. All efforts must be made to acquire or re-acquire original vendor receipts for expense submission.
2. Repeated and/or frequent use of this form may result in the denial of future claims unaccompanied by original receipts.
3. This form must be accompanied by a related and completed VCH Cheque Requisition form.