United Way of Salt Lake
serving Davis, Salt Lake, Summit, and Tooele Counties

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED

Credit Card Reconciliation/Expense Reporting
Lost Receipt Form

Current Date:

Print Form

Last Name: First Name:

Vendor Name:

Receipt Date: Receipt $:

Purchase Information

Item Purchased	Cost	Reason for Purchase

In Reference to the Purchases Listed Above:

☐ A receipt was not provided or lost

☐ The expenses were incurred in the conduct of business

☐ I have made no previous claims for these expenses

Employee Signature: _____ Supervisor Signature: _____

Date: _____ Date: _____