UNIVERSITY OF MINNESOTA

Statement in Lieu of Receipt

Route this form to:
Disbursement Services
645C WBOB
1300 So 2nd St
Mpls, MN. 55454
or
Duluth Bus. Office
209 DAdB
10 Univ Drive
Duluth, MN. 55812

U Wide Form:
UM 1566
GS XXXXX

Rev: 06/03

Complete this form to document a reimbursable transaction if receipt is lost or unattainable.

Attach to University payment document in lieu of receipt.

Employee Name	Employee ID Nbr
Document Number (ETR, PV, etc.)	For Questions - Call

Record each transaction below with merchant name, location, date and dollar amount. Provide detailed business purpose, description of transaction(s) and reason for missing receipt.

I certify that the expenses(s) outlined above are valid and accurate; I have paid the total shown and I am entitled to reimbursement.

Employee Signature: Date:

The University of Minnesota is an equal opportunity educator & employer.
(c) 2000 by the Regents of the University of Minnesota.