



THE UNIVERSITY OF BRITISH COLUMBIA

School of Kinesiology

LOST RECEIPT DECLARATION

Date

To: School of Kinesiology

Employee/Student #:

I, _____, certify that the following receipts:

(describe the missing ticket, hotel bill, etc. in detail)

have been lost and cannot be replaced.

These authorized expenses were incurred by me on (date)

and are reimbursable through UBC Worktag

I further certify that I have not and will not claim reimbursement for these expenses from any other source.

Signature of Claimant:

Signature of Supervisor: