

# Supplemental Receipt Form

This form is for internal Toronto Metropolitan University faculty and staff use only.

**Dated: dd/mm/yyyy**

I, the undersigned, declare that I have lost and/or failed to obtain the original receipt for the expenditure(s) noted below. The amounts quoted represent the true cost associated with the original receipt. I also declare that I have not been previously reimbursed or will in the future submit for reimbursement for the expense(s) relative to this receipt nor have I used it for any personal benefit.

Description	Supplier Name	Method of Purchase	Amount(s)	Cdn/US
1.				
2.				
3.				
4.				
Total expenses to be reimbursed				
Comments				

Employee name		Signature	
Employee number	Telephone	Email	

Name of department head approver	Signature
Position title	Department

The completed signed form must be submitted along with all other supporting documents. Please forward the form when completed and approved to Financial Services.