

The Research Corporation of the University of Hawaii

MISSING ORIGINAL RECEIPT CERTIFICATION FORM

**This certification may be used to substantiate a business expense in the rare instance where an original receipt cannot be obtained, or is lost. Separate forms are required for each expense that is missing an original receipt.*

**Electronic receipts printed directly from an airline or hotel website or email are acceptable as originals, and do not require the use of this form.*

This certification attests to the following:

- 1. Claimant/Payee:
- 2. Expense Details:
 Amount: \$ Date expense incurred:
 Vendor:
 Description of the expense and the business purpose:
- 3. Reason why an original receipt is not available for the expense:
- 4. Select the applicable statement:
 A duplicate receipt obtained from the vendor is attached. Proceed to No. 6.
 The vendor is unable to provide a duplicate receipt. Proceed to No. 5.
- 5. If a duplicate receipt is **not** provided, select the applicable statement (if neither statement is true, the expense can still be claimed, but will be treated as income to the claimant/payee):
 Proof of payment is attached (e.g., a copy of the receipt, a credit card statement, a cancelled check).
 Proof of payment is not available, and the expense is under \$75. Reason proof of payment is not available:
 * All lodging expenses require, at a minimum, proof of payment. If no proof of payment is available, a lodging expense cannot be claimed as a business expense, regardless of the amount.
- 6. The expense noted in No. 2 above was incurred on behalf of the University of Hawaii or RCUH, **or** otherwise qualifies as a business expense for tax purposes.
- 7. The item and amount of the expense noted in No. 2 above, is accurate.

I, the undersigned, attest that my above selections and statements are true and correct, and that the above expense has not yet been, nor will again be, submitted to RCUH or any other organization for reimbursement or for tax purposes.

Claimant/Payee Signature	Date	Print Name
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Based on the above attestation, we, the undersigned, confirm that the above incurred expense of the Claimant/Payee qualifies as a business expense for tax purposes.

Principal Investigator Signature	Date	Print Name
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** If the Claimant/Payee is the Principal Investigator, the project's dean or director is required to sign.

Fiscal Administrator Signature	Date	Print Name
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