I, ________________, have either not received or misplaced a Corporate Card receipt totaling $____________. This expense was on behalf of Duke.

This form is submitted in lieu of the original receipt.

Reference Number: __________________ Date: __________________

Supplier: __________________ Amount: __________________

Items purchased:

__________________________
__________________________
__________________________
__________________________

I certify that the amounts shown above were expended for Duke business purposes. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant or contract.

Cardholder Signature __________________ Date __________________

Department Administrator/Chairman __________________ Date __________________

Department ____________________________