

STATEMENT OF NON-REIMBURSEMENT FROM OTHER SOURCES

(To be reimbursed when receipts are lost or not available)

Name of Party to be Reimbursed: _____ Amount: _____

Purchased From: _____ Foundation Account #: _____

Date of Original Purchase: _____

Description:

Reason receipt is not available:

“This is to certify that I purchased the above mentioned item(s). The receipts are unavailable for the reason stated above and I have not been reimbursed from any other source.”

Payee Signature: _____ Date: _____

