



**OFFICE OF TRUST SERVICES
PATHWAYS INTERNSHIP PROGRAM**

7/25/17

Lost or Missing Receipt for J.P. Morgan Charge Card Expense
(Each lost/missing receipt must have its own individual signed statement)

I will not make another claim against the government for this item on Travel Authorization

Number _____ and travel dates _____ to _____.

Date of Purchase: _____

Total Amount: _____

Purpose: _____

Name of Establishment: _____

Address: _____

Contact Information (phone #): _____

Explanation: _____

I understand that there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729)

Traveler Signature: _____ Date: _____

Printed Full Name: _____

Approving Official Signature Required if \$75 or more.

Approving Official Signature: _____ Date: _____

Printed Full Name: _____