

**FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.**

*Certification Statement for  
Lost or Unavailable Receipts/Vendor Invoices*

Payee Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Receipt/Invoice Amount: \_\_\_\_\_

Nature of Expense: \_\_\_\_\_

Reason receipt is unavailable or lost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the original receipt/vendor invoice is unavailable or lost and that its facsimile, or its original if found, will not be submitted for reimbursement or payment through any other source.

I understand that as a result of frequent use of this certification statement for lost or unavailable receipt/vendor receipt invoices, the FIU Foundation may refuse payment of future invoices without original receipts.

(To be signed by the payee or in case of a company invoice,  
by the processing FIU unit.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**