

University of Louisville
Controller's Office
Certification of Missing Document Form

I, _____, hereby certify that the attached copy of an
(Print Name)

invoice/expense/receipt for _____ that occurred
(Payee/Vendor/Merchant)

on _____ is valid and that the original invoice is not available.
(Date)

If, in the event my department submits the invoice for payment more than one time, we agree to be responsible for collecting the overpayment(s) from the vendor.

Signature

Date

Department

Phone Number

INSTRUCTIONS: This form is to be completed by the employee requesting payment to a supplier when the original invoice is not available.