

**CITY OF PATASKALA EXPENSE REIMBURSEMENT
LOST RECEIPT CERTIFICATION FORM**

I, _____, hereby certify that I have conducted business on behalf of the City and have inadvertently lost, destroyed, or was not provided the original receipt when such item was purchased. I hereby certify that the purchase was allowable, for a proper public purpose, and relates to business conducted on behalf of the City as described below (please include date, location, dollar amount, and purpose of expenditure):

In accordance with the City of Pataskala Job Related Expense Policy, the employee understands that the City Administrator has the authority to approve or deny any reimbursement request which lacks the appropriate supporting documentation.

Employee Name

Date

Department Supervisor

Date

City Administrator Approval

Date