CERTIFICATION OF MISSING OR LOST RECEIPT

*****NOTE: Duplicate copies of receipts are usually readily available from hotels, airlines, and vehicle rental agencies. Due to requirements to list daily basic rates, taxes, and fees separately for claimed expenses, you must attempt to obtain copies of the original receipts from these vendors. For CONUS travel, daily lodging rates and taxes, when applicable, are separately claimed expenses. When claiming airfare, CTO fees are claimed separately from the airfare. When using this form in place of a receipt, you are responsible for fully reading, understanding and completing this certification for your claimed expenses.***

In accordance with Joint Federal Travel Regulations, Vol. I, Part F, paragraph U2510 (Military), Joint Travel Regulations, Vol. II, Part E, paragraph C1310 (Civilian), AFI 65-114, Chapter 8, paragraph 8.6.4, and DoDFMR Volume 9, paragraph 080305, "Attach all supporting documentation including the original or legible copy of orders and receipts for all lodging expenses, as well as claimed reimbursable expenses of **$75** or more."

SECTION I – EXPENSE(S)

DO NOT include the following items with any amounts listed below:

a. Optional insurance (Loss Damage Waiver, Personal Accident Insurance, etc...) on vehicle rentals, unless the rental is OCONUS.
b. Sundries, unofficial phone calls, movie rentals, room service, bellhop tips, unauthorized laundry services, restaurant fees at lodging facilities, or any other expense incurred for personal convenience.
c. Airfare that was not personally procured or airfare that was charged to a Centrally Billed Government Travel Card.
d. Expenses incurred while on leave or other non-per-diem status.

1. LODGING (Hotel Name)			(City)			(State/Country)	
Was room shared with any military/gov't employees? ☐ Yes ☐ No	If room was shared with military/gov't employees, were they on funded travel orders? ☐ Yes ☐ No		Check-in Date:	Check-out Date:	Daily Room Rate: $	Daily Tax: $	Total Cost: $
LODGING (Hotel Name)			(City)			(State/Country)	
Was room shared with any military/gov't employees? ☐ Yes ☐ No	If room was shared with military/gov't employees, were they on funded travel orders? ☐ Yes ☐ No		Check-in Date:	Check-out Date:	Daily Room Rate: $	Daily Tax: $	Total Cost: $
2. AIRFARE (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: $	Airfare Taxes: $	CTO Fee: $	Total Cost: $
This airfare was purchased with:	☐ My individually billed GTC / CSA	☐ My unit's centrally billed GTC (CBA)			☐ A personal credit card		
AIRFARE (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: $	Airfare Taxes: $	CTO Fee: $	Total Cost: $
This airfare was purchased with:	☐ My individually billed GTC / CSA	☐ My unit's centrally billed GTC (CBA)			☐ A personal credit card		
3. RENTAL CAR (Company Name)	Date Vehicle Rented:	Date Vehicle Returned:	Basic Rental Rate: $	Taxes: $	Insurance: (OCONUS only) $	Fuel Paid In Advance: $	Total Cost: $
4. TAXI/LIMOUSINE/VAN Company Name	Travel From: City & State/Country	Travel To: City & State/Country	Basic Fare: $		Tip: $	Total Cost: $	
5. OTHER TRANSPORTATION (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Type (bus, train, etc):	Base Cost: $	Taxes: $	Tip: $	Total Cost: $
6. REGISTRATION / CONFERENCE FEE (Purpose)		Paid To:	Were any meals included * ☐ Yes ☐ No		Was any lodging included * ☐ Yes ☐ No		Total Cost: $

*Note: If meals were included in your registration fee, you must claim them as deductible meals in block 19 of the DD Form 1351-2, Travel Voucher. For travelers using DTS, indicate any deductible meals on the DTS Per Diem Entitlement screen as meals 'Provided'. Additionally, if lodging was included in your registration fee, ensure you do not claim reimbursement for the applicable night(s).

7. OTHER EXPENSE (Be Specific) *Note: If claiming reimbursement for mailing/shipping baggage or property, you must include weight tickets.	Date of Expense:	Total Cost: $

SECTION II – EXPLANATION

Provide full explanation why receipt is not available and actions taken to obtain replacement receipt.

SECTION III – CERTIFICATION

I certify I attempted to obtain copies of original receipts from the above named vendors and have been unable to do so. I further certify I incurred the above expense(s) for which the receipt is missing and/or lost for presentation with the travel claim. I understand failure to complete this form in its entirety may result in denial of claimed expenses. I also understand 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).

1. Traveler's Name (Last, First, M.I.)	2. Signature	3. Date Signed