



AFFIDAVIT OF LOST OR MISSING RECEIPT

Instructions:

All information requested on this form must be completed before it will be accepted.

Please print or type:

Name	Name of Vendor	City
Date of Receipt	Total Cost	Vendor's Telephone #
Description of Expense		
Form of Payment:		
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check

Certification

While on official business I incurred the expense described above. I have lost, misplaced or did not receive the receipt documenting payment. I am submitting this affidavit in lieu of the missing receipt.

I certify that this is a proper charge for a cost incurred while on official business and that I have not previously requested, nor will I again request reimbursement for this expense.

Signature _____

Date _____

APPROVAL

Manager Signature _____

Manager Name _____

Date _____