

LOST RECEIPT AFFIDAVIT

Instructions

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

Please Print or Type

Name <input style="width: 95%;" type="text"/>	Name of Vendor <input style="width: 95%;" type="text"/>	City, State <input style="width: 95%;" type="text"/>
Date of Receipt <input style="width: 95%;" type="text"/>	Total Cost <input style="width: 95%;" type="text"/>	Vendor's Telephone Number <input style="width: 95%;" type="text"/>
Description of Purchase and Benefit/Purpose <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		

Certification

While on official university 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.

Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Name Printed <input style="width: 95%;" type="text"/>	

APPROVAL

Supervisor's Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Supervisor's Name Printed <input style="width: 95%;" type="text"/>	