

Mercer University

Lost or Destroyed Original Receipt Affidavit

Airline Ticket Receipts

<input type="checkbox"/>	Attached is a copy or fax of the airline ticket receipt (last page of the ticket stub). -OR- I certify that I have contacted the agency and was unable to obtain a copy of the ticket receipt. Therefore I have attached one of the following:
<input type="checkbox"/>	A copy of the credit card record of charge.
<input type="checkbox"/>	A copy of the itinerary and a form of payment (i.e., credit card statement, cancelled check).

Hotel Folio

<input type="checkbox"/>	Attached is a copy or fax of the hotel folio. -OR- I certify that I have contacted the hotel and was unable to obtain a copy of the hotel folio. Please reimburse me based on the following information.															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Dates</th> <th style="width: 35%;">Hotel/City</th> <th style="width: 10%;"># of Nights</th> <th style="width: 15%;">Daily Rate</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Dates	Hotel/City	# of Nights	Daily Rate	Total	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Dates	Hotel/City	# of Nights	Daily Rate	Total												
_____	_____	_____	_____	_____												
_____	_____	_____	_____	_____												

Car Rental Agreement

<input type="checkbox"/>	Attached is a copy or fax of the car rental agreement. -OR- I certify that I have contacted the rental car agency and was unable to obtain a copy of the car rental agreement. Please reimburse me based on the following information:										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Dates</th> <th style="width: 35%;">Rental Car Company</th> <th style="width: 10%;">Car Class</th> <th style="width: 15%;"># of Days</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Dates	Rental Car Company	Car Class	# of Days	Total	_____	_____	_____	_____	_____	
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_____	_____	_____	_____	_____							

Meals (list each meal separately) Exclude any alcoholic beverages

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 45%;">Restaurant/City</th> <th style="width: 10%;">B,L, or D</th> <th style="width: 15%;"># of People</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Date	Restaurant/City	B,L, or D	# of People	Total	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Date	Restaurant/City	B,L, or D	# of People	Total												
_____	_____	_____	_____	_____												
_____	_____	_____	_____	_____												
B=Breakfast, L=Lunch, D=Dinner (Note: If more than 1 person, include business purpose on Expense Report)																

Other

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 65%;">Description (in detail)</th> <th style="width: 20%;">Total</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Date	Description (in detail)	Total	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Date	Description (in detail)	Total											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

I, the undersigned, certify (a) that each expense described above, reported on expense report numbered _____ and dated _____ was lost or destroyed, and (b) that these expenses have not or will not again be submitted to Mercer University or any other organization for reimbursement or tax purposes.

Signature of Payee	Required	Date	
Name Printed			
Authorized Signature	Required	Date	
Name Printed			