

Missing Receipt Affidavit

| Receipt Information | | | |
|--|-----------------------------|---------------------|--------------|
| Date Paid: | | • | |
| Amount Paid: | | | |
| Vendor Name: | | | |
| Vendor City: | | Vendor State | |
| Item | | | |
| Description: | | | |
| Statement of | | | |
| Reason for | | | |
| Missing | | | |
| Receipt: (If additional | | | |
| space is needed, | | | |
| submit attachment | | | |
| with required | | | |
| information) | | | |
| Claimant Certification | | | |
| Date: | | | |
| | | | |
| - | | | |
| I,(A appart | ntholder First & Last Name) | ,(Job Title) | of |
| (Account | ntholder First & Last Name) | (300 1100) | |
| | | | |
| | | , | Certify that |
| (. | Department Name) | (Department Number) |) |
| Forgoing P-Card transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due. | | | |
| | | | |
| A | | | |
| Accountholder: | (Signature) | | (Date) |
| | | | (Duic) |
| Approver: | | | |
| | (Signature) | | (Date) |
| | | | |
| Department Hea | d/Dean/Vice Chancellor: _ | | |
| | | (Signature) | (Date) |
| | | | |