

## 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)