

LOST RECEIPT AFFIDAVIT

Instructions

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

Please Print or Type

Name	Name of Vendor	City, State
Date of Receipt	Total Cost	Vendor's Telephone Number
Description of Purchase and Benefit/Purpose		

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	Date
Name Printed	

APPROVAL

Supervisor's Signature	Date
Supervisor's Name Printed	