Lost/Missing Receipt Form

- IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.

	,have either not received or misplaced
a receipt totaling \$	·
This affidavit is submitted	in lieu of original receipt and attests:
	this expense is available. I have attached a duplicate of this g agency and proof of payment.
The item and amount	of the expense are accurate.
 No reimbursement of other source. 	this expense has been or will be sought or accepted from any
Description of expense:	
\$ Amount:	
Vendor Name:	
Date of Receipt:	
. –	Date
Approver's name	
Approver's signature	Date
File this affidavit with t	he other receipts.

Lost/Missing Receipt Form

- IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.
- IMPORTANT: You must show some proof of payment (e.g. a credit card statement, cancelled check, etc.

,have either not received or misplaced

Date

a r	receipt totaling \$					
Th	ais affidavit is submitted in lieu of original receipt and attests:					
•	No original receipt for this expense is available. I have attached a duplicate of th receipt from the billing agency and proof of payment.					
•	The item and amount of the expense are accurate.					

Description of expense:

. No reimbursement of this expense has been or will be sought or accepted from any

\$ Amount: Vendor Name:

Date of Receipt: Claimant's signature_

Approver's name

File this affidavit with the other receipts.

other source.

Approver's signature

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IMPORTANT: You mu statement, cancelled che	st show some proof of payment (e.g. a credit car ck, etc.
I,	,have either not received or misplaced
a receipt totaling \$	
This affidavit is submitted in lieu of or	riginal receipt and attests:
No original receipt for this expens receipt from the billing agency and	e is available. I have attached a duplicate of this d proof of payment.
The item and amount of the experi	nse are accurate.
No reimbursement of this expense other source.	has been or will be sought or accepted from any
Description of expense:	
\$ Amount:	
Vendor Name:	
Date of Receipt:	
Claimant's signature	Date
Approver's name	

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Approver's signature___

File this affidavit with the other receipts.

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\$ Amount: Vendor Name: Date of Receipt:

Claimant's signature_

Approver's name Date Approver's signature

File this affidavit with the other receipts.