



FOUNDATION

Missing Receipt Affidavit

Receipt Information: _____

Date Paid: _____

Vendor: _____

Vendor Location:
(City/State): _____

Amount Paid: _____

Item Description: _____

Item Location (optional): _____

Statement of reason for not having receipt:

Claimant Certification

Date: _____

I, _____ (Cardholder Name) _____ (Title)

Of _____ (Department Name)

Certify that the foregoing transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due.

Cardholder Signature: _____ Date: _____

Reconciler Signature: _____ Date: _____

Department Signature: _____ Date: _____