



Missing Receipt Affidavit

Payee Name:	
Supervisor Name:	
Today's Date:	
Total Spend:	\$ -

Policy Reminders:

No receipts are required for transactions under \$20, or for meals & incidentals covered by per diem.

For transactions between \$20 - \$100, credit card or bank statement may be substituted for most missing receipts for expense reimbursement. Use this form for missing receipts on PCard transactions over \$20.

For all transactions greater than \$100, this form must be used to report missing receipts. CC/bank statement backup should still be provided.

Payee signature is required; supervisor signature is only required when total missing receipts exceed \$200.

This form is to be used for PCard and Expense Reimbursement transactions.

PCard Total: \$ - Expense Reimbursement Total: \$ -

Transaction #1:	Vendor Name:		Amount Paid:	
	Vendor Location:			Cash or Card:
PCard?: <input type="checkbox"/>	Che <input type="checkbox"/>			
Expense Report?: <input type="checkbox"/>				
Reason for Missing Receipt:				
Business Purpose:				
Description of Item(s) Purchased:				

Transaction #2:		Vendor Name:		Amount Paid:	
PCard?: <input type="checkbox"/>		Vendor Location:		Cash or Card:	
Expense Report?: <input type="checkbox"/>					
Reason for Missing Receipt:					
Business Purpose:					
Description of Item(s) Purchased:					

Transaction #3:		Vendor Name:		Amount Paid:	
PCard?: <input type="checkbox"/>		Vendor Location:		Cash or Card:	
Expense Report?: <input type="checkbox"/>					
Reason for Missing Receipt:					
Business Purpose:					
Description of Item(s) Purchased:					

Transaction #4:		Vendor Name:		Amount Paid:	
PCard?:	<input type="checkbox"/>	Vendor Location:		Cash or Card:	
Expense Report?:	<input type="checkbox"/>				
Reason for Missing Receipt:					
Business Purpose:					
Description of Item(s) Purchased:					

Claimant Certification:	I certify that the receipt of the above transaction(s) is not available or obtainable, and have made every effort to obtain a copy of the receipt from the vendor. This information is true and accurate, and the amount shown is legally due.
-------------------------	--

Payee Signature:		Date:	
------------------	--	-------	--

Supervisor Signature:		Date:	
-----------------------	--	-------	--