



## AFFIDAVIT OF LOST OR DESTROYED RECEIPT

Employee Name \_\_\_\_\_

Department/Location \_\_\_\_\_

Card Number \_\_\_\_\_  
\_\_\_\_\_

I declare on oath that the original receipt for the transaction dated \_\_\_\_\_ in the amount of \_\_\_\_\_ from \_\_\_\_\_ (vendor name) has been lost or destroyed. The vendor has been contacted and is not able to provide a duplicate receipt for this purchase. Please accept below detail of the transaction in lieu of an itemized receipt for this transaction.

***I understand that falsification of the itemization of this purchase constitutes an act of fraud.***

<b>Item Purchased (must be detailed)</b>	<b>Amount</b>

*Please list each item on a separate line. Use a supplemental sheet if necessary.*

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Finance Supervisor Signature \_\_\_\_\_