



## AFFIDAVIT OF LOST OR DESTROYED RECEIPT

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

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

Last 4 digits of 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 (*phone #*) \_\_\_\_\_ 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.***

Item Purchased (must be detailed)	Amount

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

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

Department Director Signature \_\_\_\_\_  
Date \_\_\_\_\_

PCard Administrator Signature \_\_\_\_\_  
Date \_\_\_\_\_