

Missing Receipt Affidavit

(To Be Completed When Original Receipt Is Unavailable)

Cardholder/Employee Name: _____

Department: _____

Date of Purchase: _____

Vendor Name: _____

Amount of Purchase: \$ _____

Detailed Business Purpose of Expense:

(Explanation must clearly describe how the purchase supports College business.)

Account Number Charged: _____

Certification and Acknowledgment

I certify that the original receipt for the expense described above is unavailable and cannot be obtained despite reasonable efforts.

I acknowledge and affirm that:

- The purchase was made solely for legitimate College business purposes.
- The amount listed above is accurate and complete to the best of my knowledge.
- The expense has been coded to the account that accurately reflects the intent and nature of the purchase.
- This expense has not been and will not be reimbursed from any other source.
- I understand that I am personally responsible for providing adequate documentation for all transactions.
- I understand that missing documentation may be subject to audit review and that repeated failure to provide receipts may result in additional review, reimbursement obligation, or suspension of purchasing privileges.

I understand that submission of false or misleading information may result in disciplinary action in accordance with College policy.

Employee Signature: _____

Date: _____

Supervisor Approval

Supervisor Name: _____

Supervisor Signature: _____

Date: _____