

# A F F I D A V I T

## For

### Invoice and/or Lost Receipt

| Invoice       | Lost Receipt                |
|---------------|-----------------------------|
| Vendor Name:  | Vendor Name:                |
| P.O. Number:  | P.O. Number:                |
| Invoice No:   | Transaction Date:           |
| Invoice Date: | Transaction Amt:            |
| Invoice Amt:  | Description of Transaction: |

Please note: According to the new Reimbursement and Travel Policies if original receipts and/or supporting documentation is unavailable (1-one occurrence per year; see Appendix C), the employee must provide a written explanation and certification stating the reason the original is unavailable.

Please provide the explanation of circumstances in the space below:

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I certify that the original copy of invoice and/or missing receipt of the attached document is not available, and that the invoice/receipt(s) has not been previously submitted for payment. I incurred the expense described above and I am submitting this affidavit, in lieu of the missing invoice and/or receipt. A record has been established to prevent duplicate payment if the original invoice or lost receipt should appear. Please note according to the

Employee Signature and Date:

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Employee Id:

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Approved By:

1<sup>st</sup> Line Approver and Date:

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Reviewed and Approved By:

Executive Director/Business Manager or

Department Head and Date:

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