

Missing Receipt Affidavit

This form can be submitted in lieu of any receipts that have either been misplaced or never received. This is being completed as a one-time exemption and can only be used under extraordinary circumstance. The affidavit must be approved by the University Comptroller.

Individual requesting reimbursement:

Name:	Email:	
Vendor:	Purchase Date:	
Purpose of Purchases:		
Reason for missing receipt:		
Detail of Items Purchased:		Amount:
	Total Amount Spend:	\$
	(payee), declare and attest that the	above expenses are:
The amount actually paid, will not be claim	imed from any other source, and meet all PA	·
University policies, including the PASSHE	public use of funds policy.	
receipt have been exhausted or a receipt	ed because the receipt was lost and all meason t was not available.	ares to obtain a duplicate
	nissing because an itemized original is not ava	ilable.
Alcohol or Tabaco was not purchased or Applicable sales tax was deducted from t	·	
Signature:	Date:	
Dean / Director Approval:	Date:	
Comptroller's Approval:	Date:	