Missing Receipt Statement		
EXPENSE TRANSAC	CTION INFORMATION	
Employee Name	:	<u>Current Date</u> :
<u>Department Name</u>		<u>Transaction Date</u> :
<u>Vendor Name</u> :		Expense Report Dat <mark>e:</mark>
		<u>Amount</u>
DESCRIPTION OF PURCHASE		
MISSING RECEIPT AFFIDAVIT  I certify that the transaction amount documented above was incurred on behalf of the company as a legitimate business expense. The charge complies with the company's purchasing policy and authorization limits. This form is submitted as a substitute to the original missing receipt.		
Initial for acknowledgement of affidav <mark>it:</mark>		
THIS SECTION COMPLETED BY EMPLOYEE		
Print Name:	Sig	gnature:
<u>Date:</u>	**Note: Attach this state	ment to your expense report**
THIS SECTION COMPLETED BY EMPLOYEE'S SUPERVISOR		
Name Approved by:		
<u>Date:</u>	Signature:	