## **Missing Receipt Statement**

Cardholder & Transaction Information	ı		
Cardholder Name:		Current Date:	
Dept Name:		Transaction Date:	
Index & Acct #:		Report Month:	
Vendor Name:		Amount\$:	
Receipt Requested By: OSP	UBS	Purchasing	ES
Receipt Attached ( No further action needed)			AES
Receipt Lost (If the invoice has been lost,	complete desc	ription below)	
DESCRIPTION OF PURCHA	SE		

## **Missing Receipt Affidavit**

I certify that the transaction amount documented above was incurred on behalf of Montana State University as a legitimate business expense. The charge complies with Montana State University's purchasing policy and authorization limits. This form is submitted as a substitute to the original missing receipt.

## Cardholder Signature

(For Acknowledgement of Affidavit)

THIS SECTION TO BE COMPLETED BY Departmental Accountant and Department Head				
Approved By: (Print)				
Signature:	Date:			
Dept Head				
Dept Head Signature:	Date:			

One missing Statement Form per each receipt.