

## Missing Receipt Statement

### Cardholder & Transaction Information

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 description below)

#### DESCRIPTION OF PURCHASE

### 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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**One missing Statement Form per each receipt.**