



Missing Receipt Affidavit Form 1252.3.1f

Instructions: This completed form must be attached to its corresponding WORKS transaction ONLY when original, itemized receipts are lost, and a duplicate cannot be obtained from the merchant.

Receipt Information

Date Paid: _____

Amount Paid: _____

Vendor Name: _____

Vendor City & State: _____

Item Description: _____

Item Location: _____

Statement of reason for missing receipt:

Claimant Certification

Date: _____

I, _____ of _____

Accountholder First & Last Name

Job Title

_____, _____, _____, _____, _____, _____ . Certify that the forgoing P-Card

Department Name

Department Number

transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due.

Accountholder Signature

Date

Group Approver Signature

Date

Department Head Signature

Date