

Affidavit of Lost Receipt

Please complete	and attach to submission documents			
Print Purchaser	Name (First Name, Middle Initial, Last	Purchaser Phone Extension:		
Vendor Name:			Vendor Phone Number:	
Purchase Date:	chase Date: Payment Method			
QTY	Description of Items Purchased		Unit Price	Extended Price
Alcohol Purchased? YES NO			Тах	
			Shipping	
			Total	
Reason for lack	of itemized receipt (required):			
misplaced, or di	n official university business, I incurred d not receive receipt documentation from the not previously requested, nor will ag	om the vendor. I cert	tify that this is a l	egitimate
Purchaser Signature:			Date:	
Supervisor Signature:			Date:	