



### 1252.3.1f - Missing Receipt Affidavit

*Note: 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: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor Location  
(City/State): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Item Description: \_\_\_\_\_

Item Location (optional): \_\_\_\_\_

Statement of reason for missing receipt:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claimant Certification**

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

I, \_\_\_\_\_ (Accountholder Name) \_\_\_\_\_ (Title)

of \_\_\_\_\_ (Department Name) \_\_\_\_\_ (Dept No.)

Certify that the foregoing P-Card 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_