

# Receipt Affidavit

Complete this form when requesting an exception to the documentation rules for a given purchase.

Employee Name:	Department:	Today's Date:
Dept/Proj/Grant ID:	Vendor name:	
If applicable, Last Four of the PCard:	Vendor Address: (City, State, Zipcode)	
Date of Purchase:	Purchase Amount:	Contact Number:

Description of Items Purchased should be as detailed as possible (For Meals-List of Attendees, Food listing, etc.):

**No alcohol was purchased for any expense on a state, grant or athletic fund.**

Explanation of Missing Receipt:

Lost Receipt

Vendor could not provide itemized receipt

Other:

I attest that the above facts are true and accurate.

Attested by: \_\_\_\_\_ Date \_\_\_\_\_