

Receipt Affidavit

(Revised 04/2014)

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, Zip	pcode)	
Date of Purchase:	Purchase Amount:	Contact Number:	
Description of Items Purchased should be	I as detailed as possible (For Meals-Li	ist 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	