

**MISSING DOCUMENTATION AFFIDAVIT  
PURCHASING CARD TRANSACTIONS**

Washington State University  
Purchasing Services  
Pullman, WA 99164-1020

See 70.08 for additional instructions.

CARDHOLDER NAME	LAST 4-DIGITS OF CARD NUMBER	TRANSACTION ID NUMBER	TRANSACTION DATE
VENDOR NAME		VENDOR LOCATION (City, State)	
COST OF GOODS/SERVICES	TAX	SHIPPING	TOTAL COST \$
DESCRIPTION OF GOODS AND/OR SERVICES PURCHASED			
EXPLANATION RECEIPT WAS: (Check one) <input type="checkbox"/> NOT RECEIVED <input type="checkbox"/> LOST OR MISPLACED			

This expense occurred on behalf of Washington State University. I am submitting this affidavit in lieu of the missing documentation for a purchasing card transaction.

I certify that the amounts shown above were expended for Washington State University business purposes. If charged to a grant or contract, I certify that the claimed expenses comply with the terms of the grant or contract.

CARDHOLDER SIGNATURE <b>X</b>	DATE
----------------------------------	------

---

**APPROVAL**

APPROVING OFFICIAL NAME	APPROVING OFFICIAL SIGNATURE <b>X</b>	DATE
-------------------------	--	------

**Attach the approved affidavit to the monthly bank statement which includes this transaction.**