

**AFFIDAVIT OF LOST RECEIPT  
PROCUREMENT CARD TRANSACTION**

Washington State University  
Accounts Payable, Card Services  
P.O. Box 641020  
Pullman, WA 99164-1020

See BPPM 70.08 for instructions.

**CARDHOLDER INFORMATION (REQUIRED)**

CARDHOLDER NAME		LAST FOUR DIGITS OF CARD #	
EXPLANATION – RECEIPT WAS: <input type="checkbox"/> NOT RECEIVED <input type="checkbox"/> LOST / MISPLACED			
MERCHANT NAME:			
MERCHANT LOCATION:			
		COST OF GOODS / SERVICES:	
		SHIPPING:	
		TAX:	
		TOTAL COST:	
DESCRIPTION OF GOODS AND / OR SERVICES PURCHASED:			

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

DEPARTMENT NAME	DEPT NO.	CARDHOLDER SIGNATURE	DATE

**APPROVAL**

SUPERVISOR NAME	WSU ID NO.	SUPERVISOR SIGNATURE	DATE