

RECEIPT AFFIDAVIT
 FOR LOST, MISPLACED, MISSING, OR INADEQUATE RECEIPTS

Travel Services / Accounts Payable
 Washington State University
 Pullman, WA 99164-1025

See 95.20 for additional instructions.

NAME OF REQUESTOR	DATE OF RECEIPT	TOTAL COST
		\$
NAME OF VENDOR	CITY	STATE
DESCRIPTION OF EXPENSE		
EXPLANATION		
RECEIPT WAS: (Check one) <input type="checkbox"/> NOT RECEIVED <input type="checkbox"/> LOST OR MISPLACED <input type="checkbox"/> INADEQUATE		

While conducting official state of Washington business I incurred the expense described above. I have lost or misplaced the vendor receipt, receipt was inadequate. I am submitting this affidavit in lieu of the missing or inadequate receipt. *(If this expense involves additional guests, provide names of those guests/ attendees and the business purpose for the meeting.)*

I certify that these are proper charges for costs incurred while on official state of Washington business and that I have not previously requested nor will I again request reimbursement for these expenses. I also certify that I have made all reasonable efforts to obtain a duplicate/copy of the receipt adequately documenting payment from the vendor.

REQUESTOR'S SIGNATURE	DATE
X	