



AFFIDAVIT for Lost Receipts

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Phone #: _____ Dragon ID#: _____

Email Address: _____ Account #: _____

_____, being first duly sworn, states that he/she did not obtain receipts
(print name)
for the following item(s):

Due to the following reason(s), receipts were not attained.

Total amount of receipt(s): _____

I also affirm that the above expense was incurred in the performance of official duties for Minnesota State University Moorhead and that no part of the same has been reimbursed by any other source.

Signature

Subscribed and sworn to before me this

_____ day of _____ 20__

Notary Public

(This form must be signed in the presence of a Notary Public)

an equal opportunity/affirmative action educator and employer

Mail check to the above address

Pick up check in the OSA