## LOST / MISSING RECEIPT AFFIDAVIT

Name of Person being Reimbursed:



Date: \_\_\_\_\_

Purpose: Use when original receipt is not attached as back-up documentation for an accounts payable reimbursement.

## Use one form per missing receipt.

Name of Vendor/Merchant:

Telephone:	Transaction Date:	Transaction Amount:
Description of Expense	Business Purpose	
I incurred the expense as described above and have lost, misplaced, or did not receive the receipt. I am submitting this affidavit in lieu of the missing receipt.  I certify that this is an accurate and proper charge for costs incurred while on official Williams College business and that I have not previously requested nor will I again request reimbursement for these expenses from any other source.		
PRINT FORM AND SIGN		
Name:		

Signature: