

Missing Receipt Statement

Cardholder & Transaction Information

Cardholder Name: _____ Current Date: _____

Dept Name: _____ Transaction Date: _____

Index & Acct #: _____ Report Month: _____

Vendor Name: _____ Amount: _____

DESCRIPTION OF PURCHASE

Missing Receipt Affidavit

I certify that the transaction amount documented above was incurred on behalf of MSU-Northern as a legitimate business expense. The charge complies with Montana State University's purchasing policy and authorization limits. This form is submitted as a substitute to the original missing receipt.

Cardholder Signature _____

(For Acknowledgement of Affidavit)

THIS SECTION TO BE COMPLETED BY Department Head

Approved By: _____
(Print)

Signature: _____ Date: _____

Dept Head
Signature: _____ Date: _____

One Missing Statement Form per each receipt.