

UVM Community Partners
AFFIDAVIT OF LOST OR UNAVAILABLE RECEIPT
For any purchase less than \$100, use this form when a receipt is missing.

RECEIPT INFORMATION

Date Paid: _____ Amount Paid: _____

Payee: (name of business, person, etc...) _____

Location: (address) _____

Description of Expense Incurred: (include purpose and name of all attendees)

Statement of Reason for Not Having Receipt: (be as specific as possible)

Form of Payment: (attach card/bank statements) Cash ___ Credit Card ___ Check ___

NOTE: One form must be completed for each missing receipt.

CERTIFICATION

I certify that the receipt described above is not available nor obtainable and that due diligence has been done to obtain a duplicate prior to the submission of this form. I also certify that it is an authorized expense for Vermont 4-H Shooting Sports and that I have not previously requested, nor will I again request, reimbursement for this expense.

Date of Request: _____

Name of Person Seeking Reimbursement/Justifying Expenditure: (please print)

Signature: _____

Form to be submitted to the treasurer of club, chapter, foundation, committee and kept in file.