



Name of Claimant: _____

Name of Vendor:	City/State of Vendor:
Date of Purchase:	Total Cost:
Description of Expense and 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 these are accurate and proper charges for costs incurred while on official WACO business and that I have not previously requested nor will I again request reimbursement for these expenses, nor will reimbursement of this expense be sought or accepted from any other source.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this: ___ day of _____, 20___ at _____

Print Name: _____

Approved for Payment:

Approver's Signature

Approver's Name

Date