



## Lost/Missing Receipt Affidavit

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:         |                          |               |
| _____<br>Approver's Signature | _____<br>Approver's Name | _____<br>Date |