

**Frostburg State University - Accounts Payable
Diners Club Travel Card Missing Receipt Affidavit**

A separate affidavit must be completed for each lost or missing Diners Club Travel Card Itemized Receipt. Complete form as required, obtain necessary signatures and submit with expense form.

Airline Tickets

<input type="checkbox"/> Attached is a copy or fax of the airline ticket receipt (last page of the stub) <input type="checkbox"/> Attached is a copy of the itinerary and Diners Club record of charge

Hotel

<input type="checkbox"/> Attached is a copy or fax of the hotel folio. <input type="checkbox"/> I certify that I have contacted the hotel and was unable to obtain a copy of the hotel folio. Please process based on the following information												
<table border="0"> <tr> <td>Dates</td> <td>Hotel-City, State</td> <td># of Nights</td> <td>#of Rooms</td> <td>Daily Rate</td> <td>Total</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Dates	Hotel-City, State	# of Nights	#of Rooms	Daily Rate	Total	_____	_____	_____	_____	_____	_____
Dates	Hotel-City, State	# of Nights	#of Rooms	Daily Rate	Total							
_____	_____	_____	_____	_____	_____							

Car Rental

<input type="checkbox"/> Attached is a copy or fax of the car rental agreement. <input type="checkbox"/> I certify that I have contacted the car rental agency and was unable to obtain a copy of the rental agreement. Please process based on the following information												
<table border="0"> <tr> <td>Dates</td> <td>Rental Company</td> <td>Car Class*</td> <td># of Days</td> <td>Daily Rate</td> <td>Total</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Dates	Rental Company	Car Class*	# of Days	Daily Rate	Total	_____	_____	_____	_____	_____	_____
Dates	Rental Company	Car Class*	# of Days	Daily Rate	Total							
_____	_____	_____	_____	_____	_____							
<small>*C=Compact, M=Mid-Size, F=Full Size</small>												

Meals (List Each Meal Separately)

<table border="0"> <tr> <td>Date</td> <td>B,L,D*</td> <td>Restaurant-City, State</td> <td># of People</td> <td>Total</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Date	B,L,D*	Restaurant-City, State	# of People	Total	_____	_____	_____	_____	_____
Date	B,L,D*	Restaurant-City, State	# of People	Total						
_____	_____	_____	_____	_____						
<small>*B=Breakfast, L=Lunch, D=Dinner (Note if more than 1 person include list of names with expense report)</small>										

Miscellaneous

<table border="0"> <tr> <td>Date</td> <td>Vendor</td> <td>Description</td> <td>Total</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Date	Vendor	Description	Total	_____	_____	_____	_____
Date	Vendor	Description	Total					
_____	_____	_____	_____					

Reason why itemized receipt could not be obtained (required) :

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I, the undersigned, certify that the itemized receipt for each expense described above, was lost or not obtainable, and that these expenses have not nor will again be submitted to Frostburg State University or any other entity for reimbursement or tax purposes. I also certify that these charges are valid business expenses that are in compliance with all applicable University, USM, State, and Federal regulations, policies, and procedures.

Cardholder Signature _____ Date _____

Dept Manager/Supervisor Signature _____ Date _____