

**FROSTBURG STATE UNIVERSITY
MISSING RECEIPT AFFIDAVIT**

(for use with State of MD Corporation purchasing card for purchases and travel expense transactions)

USE ONE AFFIDAVIT FOR EACH MISSING RECEIPT

I _____ have either not received, or have misplaced a receipt
(print name)
totaling _____. This expense was incurred on behalf of Frostburg State
University.

This form is submitted in lieu of the original receipt.

Transaction Date _____

Vendor _____

Detailed Explanation / Business Purpose of this Purchase

Reason for the missing receipt _____

I certify that the amounts shown above were expended for Frostburg State University business purposes. I have made a good faith attempt to try to obtain the receipt in question from the vendor and have been unsuccessful.

Cardholder Signature _____ Date _____

Cardholder Manager Signature _____ Date _____

Printed Name of Cardholder Manager _____

PCPA Signature _____ Date _____