## Idaho State University

## Affidavit of Lost Receipt

Instructions				
All information request	ed on this form, needs to be co	ompleted before it will	be accepted.	
Name:				
Vendor Name:			_	
City:			_ Vendor Phone:	
Date of Receipt:		Total Cost:	_	
Description of Expense	2:			
Form of Payment:				
Cash	Credit Card (Attach Credit Card Slip)	Check Bank:	Draft #	
Certification				
	sity business I incurred the exp eipt documenting payment. I a			
I certify that this is a proper charge for a cost incurred while on official university business and that I have not previously requested, nor will I again request, reimbursement for this expense.				
Signature		c	Date	
Approval				
This form may not be used for the following (since a duplicate receipt may be obtained for these expenses):				

- 1. Lost Air Tickets

- Car Rental Receipts
  Lodging Receipts
  Registration Receipts / Brochures