

**Idaho State University**  
**Affidavit of Lost Receipt**

This form may not be used in lieu of receipts that may be obtained as duplicates from vendors.

Payment Method:     Cash                       Travel Card                       Personal Card

Claimant Name: \_\_\_\_\_

Expense Report: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date(s) of receipt(s): \_\_\_\_\_

Lost Receipt #1: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Lost Receipt #2: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Description of Expense(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify while on official university business, I incurred the above expense(s) as described.  
I have lost, misplaced, or did not receive receipt documentation from the vendor.  
I certify that this is a proper charge that I have not previously requested, nor will again in  
future requests for reimbursement.

Claimant Signature: \_\_\_\_\_