



CALIFORNIA STATE UNIVERSITY, SACRAMENTO

MISSING RECEIPT AFFIDAVIT

Submit this affidavit with your travel claim in lieu of the missing original receipt.

I, _____ (name), certify the following item(s) have been received. This affidavit is in lieu of the original receipt(s).

Date of Purchase: _____

Vendor/Merchant: _____

Item No./Description	Qty	Unit Price	Extension
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Subtotal:	\$
		Sales Tax:	\$
		Shipping:	\$
		TOTAL:	\$

Reason for lost receipt: _____

Traveler Signature

Date

Approving Official Signature

Date