

| ection 1: Receipt Details | |
|---|---|
| | |
| at the Vendor Name, Description of Expensed | Items, Total Amount, and Date of Transaction below: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| tion 2: Review and Certify | |
| py of the receipt(s) from the vendor(s) (airli | submit this Affidavit certifying that I have made |
| ertify that I have not requested and/or will not urce for the missing receipt(s). | t receive reimbursement from any other funding |
| | |
| gnature of Traveler/Cardholder | Date |
| | |
| gnature of Department Chair/Head | Date |