

Purchasing and Accounts Payable Office- Travel

Missing Receipt Affidavit

INFORMATION:

Purchase Date: _____

Vendor Name: _____

Amount: \$ _____

Purpose of Expenditure: _____

I hereby certify that I lost my receipt or my receipt was lacking information and that this transaction was incurred on behalf of SUNY Cortland and is a valid expense in the performance of my duties.

I have not nor will I submit a request for reimbursement of this expense through a different source of funding.

I acknowledge that repeated use of the Missing Receipt Affidavit may result in possible restrictions for reimbursements.

(This form cannot be used for hotel, airfare, Amtrak, or car rental.)

Employee Signature

Supervisor Signature

Employee Name (Print)

Supervisor Name (Print)

Date

Date