



Purpose: For use only after a completed effort has been made to obtain the original, itemized receipt. Contact the vendor to request a duplicate receipt. Upload completed affidavit to a Workday Expense Report as documentation in place of the lost/missing receipt. Use of a Lost/Missing Receipt Affidavit on a routine basis and overuse of this form may revoke the privilege of holding a purchasing card.

State of Minnesota, County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, state that I am an employee of the State of Minnesota - Minnesota State Colleges and Universities, and that the following purchase(s) was(were) completed as a (choose one):  Purchasing Card Transaction  Personally Paid (seeking reimbursement)

1. Vendor: \_\_\_\_\_ Purchase Date: \_\_\_/\_\_\_/\_\_\_ Amount: \$\_\_\_\_\_

Item(s) Purchase and Purpose/Use:
Reason for No Receipt:
Corrective action to prevent from recurring:

2. Vendor: \_\_\_\_\_ Purchase Date: \_\_\_/\_\_\_/\_\_\_ Amount: \$\_\_\_\_\_

Item(s) Purchase and Purpose/Use:
Reason for No Receipt:
Corrective action to prevent from recurring:

3. Vendor: \_\_\_\_\_ Purchase Date: \_\_\_/\_\_\_/\_\_\_ Amount: \$\_\_\_\_\_

Item(s) Purchase and Purpose/Use:
Reason for No Receipt:
Corrective action to prevent from recurring:

**This form must be signed in the presence of a Notary Public.**

The above purchase(s) was(were) incurred as an employee of the State of Minnesota on official business.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this _____ day of _____ 20____.
_____ Notary Public signature
_____ County, Minnesota