

The University of Southern Mississippi Missing Original Invoice Affidavit

Name of Vendor: _____

Invoice Number: _____

Invoice Date: _____

Amount: _____

Attached is a copy of a missing original invoice for payment. In the event that the original invoice is found and sent to Accounts Payable for payment, I will not hold Accounts Payable responsible for duplicate payment.

The undersigned employee responsible for said missing invoice hereby states under oath that the attached copy of the above referenced invoice is a true and correct copy to the best of his/her knowledge.

Other comments:

Date: _____

Signature of Employee: _____

Signature of Signature Authority: _____

Signature of Department Supervisor: _____