**The University of Southern Mississippi**

# **Missing Original Receipt/Invoice Affidavit**

**Name of Employee:** Click here to enter text.

**Date of Purchase:** Click here to enter a date.

**Name of Vendor/Merchant:** Click here to enter text.

**Amount:** Click here to enter amount **Method of Payment:** Click here to enter text.

**Detailed item description and cost reflected on missing document:**

Click here to enter detailed item description and cost reflected on missing document.

*I certify the above-mentioned receipt/invoice is missing. The original receipt/invoice was lost or not obtained. A duplicate receipt/invoice has been attached from the provider or a copy of your credit card statement showing payment. If no duplicate is attached, I was unable to attain it from the provider of goods or services for which payment was made.*

* *I certify the expense was incurred in connection with University business and I understand that the falsification of this document constitutes an act of fraud.*
* ***I understand that a Missing Receipt/Invoice Affidavit should be used on rare occasions and may not be used on a routine basis****.*
* *I further understand that excessive use of this document may revoke the privilege of providing a declaration in lieu of a receipt/invoice.*
* *I certify that the amount shown is the amount I actually paid; that* ***I have not and will not submit a duplicate claim****; and that* ***I have not and will not seek a claim for these expenses from any other source****.*

**Signature of Employee: Date**

*Print name*

*\*In the event that the original receipt/invoice is found and sent to Accounts Payable for payment, it will be the signature authority’s responsibility to obtain reimbursement from the employee.*

**\*Signature of Signature Authority: Date**

*Print name*

***\*\*****If the employee is the signature authority, then it will be the Chair, Dean or VP’s responsibility to obtain reimbursement from the employee.*

**\*\*Signature of Chair, Dean or VP: Date**

*Print name*