UVM Community Partners AFFIDAVIT OF LOST OR UNAVAILABLE RECEIPT

For any purchase less than \$100, use this form when a receipt is missing.

RECEIPT INFORMATION

| Date Paid: | Amount Paid: |
|--|--|
| Payee: (name of business, p | |
| Location: (address) | |
| Description of Expense Incurr | ed: (include purpose and name of all attendees) |
| | |
| Statement of Reason for Not | Having Receipt: (be as specific as possible) |
| | |
| • | d/bank statements) Cash Credit Card Check npleted for each missing receipt. |
| <u>CERTIFICATION</u> | |
| has been done to obtain a du an authorized expense for Ve | ribed above is not available nor obtainable and that due diligence plicate prior to the submission of this form. I also certify that it is rmont 4-H Shooting Sports and that I have not previously quest, reimbursement for this expense. |
| Date of Request: | |
| Name of Person Seeking Reim | nbursement/Justifying Expenditure |