## 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 Incurred: (include purpose and name of all attendees)
Statement of Reason for Not Having Receipt: (be as specific as possible)
Form of Payment: (attach card/bank statements) Cash Credit Card Check NOTE: One form must be completed for each missing receipt.

## **CERTIFICATION**

I certify that the receipt described above is not available nor obtainable and that due diligence has been done to obtain a duplicate prior to the submission of this form. I also certify that it is an authorized expense for Vermont 4-H Shooting Sports and that I have not previously requested, nor will I again request, reimbursement for this expense.

Date of Request: \_\_\_\_\_

Name of Person Seeking Reimbursement/Justifying Expenditure