



MISSING RECEIPT AFFIDAVIT

Instructions

Complete all information requested on this affidavit and attach affidavit to completed Expense Report. Incomplete forms will not be accepted.

Print or Type

Name of Employee	Name of Vendor	City, State
Date of Receipt	Total Cost	Vendor's Telephone Number
Description of Expense		

I certify that:

I incurred the expense described above. I have

☐ *lost*

☐ *did not receive*

the receipt documenting payment. I contacted the vendor on _____ and was unable to obtain a copy of the receipt for this expense. This expense is not eligible for reimbursement from any source other than the City of New Braunfels. I have not previously requested, nor will I again request reimbursement for this expense from the City of New Braunfels or any other entity. I am submitting this affidavit in lieu of the missing receipt. I acknowledge that submission of this affidavit does not guarantee reimbursement.

Signature

Date

APPROVAL

Supervisors Signature	Date
Supervisors Name Printed	