

# MOUNT HOLYOKE

## MISSING ITEMIZED RECEIPT/ DOCUMENTATION AFFIDAVIT MOUNT HOLYOKE COLLEGE

Employee Name:	Today's Date:
Auditor Review: (Internal Use Only)	Telephone #:

I certify that the receipt/documentation described below was lost and that I have been unable to obtain a duplicate from the vendor to which payment was made.

Please complete in full and sign this form. Please have this form signed off by your reporting authority (supervisor) and submit this form in place of the missing receipt with your reimbursement request.

DETAILED DESCRIPTION OF MISSING RECEIPT/DOCUMENTATION:  Vendor Name: _____  Transaction Date: _____ Total Amount: \$ _____
Additional Notes:     

Date:	Print Name:	Signature:
Date:	Print Reporting Authority Name:	Reporting Authority's (Supervisor) Signature: