

University of Arkansas Affidavit of Lost Receipt

Name of Agent	Name of Vendor	City
Date of Receipt	Total Cost	Vendor's Telephone Number
Description of Expense		

While acting as agent for the University of Arkansas on official state of Arkansas business I incurred the expense described above. I have lost, misplaced, or did not receive the receipt documenting payment. I am submitting this affidavit in lieu of the missing receipt.

I certify that these are proper charges for costs incurred while on official state of Arkansas business and that I have not previously requested nor will I again request reimbursement for these expenses from the University of Arkansas or any other source.

Agent Signature	Date
X	

APPROVAL

Department Head	Date
X	