

MISSING RECEIPT AFFIDAVIT

University Hall
1 LMU Drive, Suite 2200
Los Angeles, CA 90045
Phone: (310) 338-2714
Fax: (310) 338-7550

Form of payment for this purchase:

- ☐ Cash ☐ Check ☐ Non-LMU Card
☐ Travel/Expense Card ☐ Procurement Card

I, _____ have either not received, or have misplaced a receipt totaling _____. This expense was incurred on behalf of Loyola Marymount University.

The following is a list of attempts I have made to secure a duplicate of the receipt:

1. _____
2. _____

This form is submitted in lieu of the original receipt.

Transaction Number: _____ Transaction Date: _____

Vendor: _____

Detail of Expense (explain in box below) Amount: _____

I certify that the amounts shown above were properly expended in connection with my job responsibilities at Loyola Marymount University. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant or contract.

Employee Signature

Printed Name of Employee

Date

Supervisor Signature

Printed Name of Supervisor

Date