

# Missing Receipt Statement

## EXPENSE TRANSACTION INFORMATION

Employee Name: \_\_\_\_\_

Current Date: \_\_\_\_\_

Department Name:

Transaction Date:

Vendor Name:

Amount \$:

**check this box if at least one attempt was made to obtain a duplicate receipt from vendor/merchant**

**ITEMIZED DESCRIPTION OF PURCHASE**

## MISSING RECEIPT AFFIDAVIT

I certify that the transaction amount documented above was incurred on behalf of Bayside Community Church as a legitimate business expense. The charge complies with Bayside's purchasing policy and authorization limits. This form is submitted as a substitute to the original missing receipt.

**By attaching this form to my expense report, I am affirming this certification and all information contained in the form.**

**Signed:**

Date: