



Lost/Missing Receipt Affidavit

Name _____ Date of Purchase _____

Vendor Name _____

Amount of Purchase _____ Card Number (last four digits) _____ (if applicable)

Detail of all items purchased (description, quantity, unit costs, and freight):

Describe why the original receipt or a copy is not available to support this purchase:

I acknowledge that I understand all purchases made with a Clarke University Purchasing Policy requires a detailed receipt to document all transactions. For the reasons described above, I declare that this is an exception to our approved policies and procedures. I pledge to follow these procedures requiring appropriate documentation for all future purchases, and I understand that use of a Clarke University funds or Purchasing Card/Fleet Card may be terminated in the future for lost receipts.

Employee Signature

Date

I have reviewed the facts of this situation with employee, and have counseled him/her about the responsibilities regarding the use of the Clarke University funds or Purchasing Card/Fleet Card. I am requesting that this transaction be processed as an exception to our policies and procedures, and I request that this employee be allowed to continue to use University funds or Purchasing Card/Fleet Card with appropriate documentation in the future.

Supervisor Signature

Date