MISSING RECEIPT AFFIDAVIT

Fillable statement for an expense when the original receipt is unavailable

Complete the fields that apply. Check the recipient's policy before submitting.

Transaction date

Amount and currency

Merchant, vendor, or payee

Expense or purchase type

Why is the receipt unavailable?

Business purpose or circumstances

Statement

I affirm that the information above is accurate to the best of my knowledge and that the original receipt is unavailable for the reason stated.

Type your full name to sign

Date signed

Recipient, company, or program (optional)

Review and edit the statement if needed. Do not sign if any entry is inaccurate.
A completed form does not guarantee acceptance or reimbursement; follow the recipient's current instructions.