

AFFIDAVIT

This is to certify that I paid the sum of:

\$ _____ for _____ on _____, 20__

\$ _____ for _____ on _____, 20__

\$ _____ for _____ on _____, 20__

I further certify that the following apply to each of the expenses above:

- _____ no receipt was issued
- _____ receipt was lost or misplaced
- _____ cancelled check not yet received
- _____ receipt is **not** for alcoholic beverages
- _____ sales tax is **not** included in above dollar figure

This statement is given in lieu of the receipt(s) in order to obtain reimbursement for said expenditure(s).

Signed: _____ Date: _____