

University of Arkansas Affidavit of Lost Receipt

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|------------------------|----------------|---------------------------|
| Name of Agent | Name of Vendor | City |
| Date of Receipt | Total Cost | Vendor's Telephone Number |
| Description of Expense | | |

While acting as agent for the University of Arkansas on official state of Arkansas business I incurred the expense described above. I have lost, misplaced, or did not receive the receipt documenting payment. I am submitting this affidavit in lieu of the missing receipt.

I certify that these are proper charges for costs incurred while on official state of Arkansas business and that I have not previously requested nor will I again request reimbursement for these expenses from the University of Arkansas or any other source.

| | |
|-----------------|------|
| Agent Signature | Date |
| X | |

APPROVAL

| | |
|-----------------|------|
| Department Head | Date |
| X | |