STATE OF GEORGIA

STATE CARDS PROGRAM

Lost Receipt/Invoice Affidavit

**Cardholder Name (please print):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Unit (please print):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Used (check one):** [ ]  Purchasing Card (P-Card) [ ]  Fuel Card

I certify that I made the purchase shown below for official business but do not have a receipt because (check all that apply):

|  |  |
| --- | --- |
| [ ]  | Supplier/merchant did not provide a detailed receipt |
| [ ]  | I have requested an invoice, but the vendor has not provided it |
| [ ]  | I had a receipt but cannot locate it |
| [ ]  | I have a receipt but it is not readable and this document is provided in order to describe the items purchased |
| [ ]  | Order was placed via telephone, fax, or Internet and vendor has not supplied an invoice |

All information must be typed, completed on-line, or printed in ink. All information is required. Use one affidavit per lost receipt.

|  |  |
| --- | --- |
| Supplier/Merchant Name |       |
| City |       |
| Date of Purchase |       |
| Detail Description of Items Purchased (each line limited to 60 characters – attach additional sheet if necessary) | Item Amount |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total Purchase Amount |       |

Tax paid: [ ]  No [ ]  Yes

This document will be used in lieu of an invoice or receipt for this transaction. I certify that all items listed above (and on the attached, if applicable) were purchased and received for State of Georgia business. I also understand that habitual use of this form instead of submitting actual receipts or invoices will result in suspension or termination of purchasing card privileges.

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisory Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisory Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_