



**MARYMOUNT**  
UNIVERSITY

**MISSING RECEIPT AFFIDAVIT**

I certify that each receipt or ticket stub described below was not available, not obtained or lost and that I have been unable to obtain a duplicate from the provider of goods or services. I certify further that I will not submit another reimbursement request to Marymount University or any other organization should the original receipt or ticket stub be found or obtained at some future date.

Please **CIRCLE** one that applies to you:

- 1) Marymount's Corporate Credit Card Detailed Expense Report or
- 2) Employee's Travel Reimbursement Expense Report or
- 3) Other-Specify:

**AMOUNT      DATE      DETAILED DESCRIPTION OF MISSING RECEIPT(S)**

\_\_\_\_\_  
**(Employee's Printed Name & Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Supervisor's Printed Name & Signature)**

\_\_\_\_\_  
**(Date)**