

AFFIDAVIT OF NO RECEIPT

Employee Name

Employee ID Number

The above named employee declares that the expense(s) claimed on the attached expense report, in the amount of \$_____, is correct and just; that the employee incurred the expense(s) in the performance of official duties for the State of Minnesota; that the receipt(s) for the expense(s) has been: (check one)

- lost
- destroyed
- not obtained (attach explanation)

and is therefore not available to document the expense(s) claimed on the attached report; and that no reimbursement for the expense(s) has been obtained to date.

Employee Signature

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public