



Affidavit of No Receipt

Employee Name _____

Employee ID Number _____

Expense amount \$ _____

The above named employee declares that the expense(s) on the attached expense report is correct and just.

The employee incurred the expense(s) in the performance of official duties for the State of Minnesota.

The receipt(s) for the expense(s) has been: (select one)

Lost

Destroyed

Not obtained (attach explanation)

The receipt(s) 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