

## Savannah State University Lost Receipt/Invoice Affidavit

Cardholder Name (Please Print	t):			
Department:				
I certify that I made the purchase shown below for official business but do not have a receipt because (check all that apply):				
<ul> <li>☐ I have requested an inv</li> <li>☐ I had a receipt but cann</li> <li>☐ I have a receipt but it is items purchased</li> </ul>	not provide a detailed receipt oice, but the vendor has not provided it ot locate it not readable and this document is prove a telephone, fax, or internet and ventors.	ided in order		
All information must be typed, or printed in ink. All information is required. Use one affidavit per lost receipt.				
Supplier/Merchant Name				
City				
Date of Purchase				
Quantity Detailed Descrip	tion (attached additional sheet if necessary)	Unit Price	Total Price	
Sales 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:				
		Date:		