## **Affidavit of Lost Receipt**

## **Administrative Services**

Washington State University Pullman, WA 99164

Name of Claimant	Name of Vendor	City	
Date of Receipt	Total Cost	Vendor's Telephone Number	
Description of Expense			
· ·	aces, or did not receive the receipt de	State University I incurred the expense de ocumenting payment. I am submitting thi	
• • • • • • • • • • • • • • • • • • • •	oper charges for costs incurred whil requested nor will I again request i	e on official State of Washington business eimbursement for these expenses.	and
Claimant Signature:		Date:	
Advisor Signature:		Date:	