

Oregon State University
VISA Purchasing Card Program
Policies and Procedures

AFFIDAVIT OF MISSING DOCUMENT

I acknowledge that an original receipt for the following item was unavailable or lost. Please accept this document in lieu of a receipt.
No other form of reimbursement will be requested for this item.

(Item purchased, include quantity) (\$ Amount)

(Vendor Name) (Date)

(Printed Name)

(Signature)

(Date)

Item purchased with Departmental Visa Purchasing Card No. _____

Budget Authority Approval _____ Date _____

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