



Baylor College of Medicine

## AFFIDAVIT FOR LOST RECEIPT

### Transaction Type:

☐ FastCard Purchase

☐ Travel Expense

### Type of Loss:

☐ Lost

☐ Did Not Receive

☐ Destroyed

## 1 Applicant

Date of Purchase: \_\_\_\_\_ Amount of Purchase: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

## 2 Certification

I hereby report that a receipt supporting the expense as noted above is lost, was not received, or is otherwise unobtainable. I attempted to obtain a duplicate receipt and have been unsuccessful. This signed Affidavit will be placed on file as a substitute for the original receipt. I understand that repeated incidences of lost receipts may result in loss of travel and/or FastCard privileges.

## 4 Participant Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

BCM ID #: \_\_\_\_\_