



# UNIVERSITY OF MASSACHUSETTS

## MISSING RECEIPT AFFIDAVIT

I certify that each ticket stub or other receipt described below, was lost or not obtained and that I have made every possible attempt to obtain a duplicate from the provider of goods or services for which payment was made. It has not nor will not be submitted for reimbursement to the University of Massachusetts or any other organization.

**Detailed Description of Missing Receipt(s)**

**Amount**

**Detailed Description of attempts to obtain duplicate receipt(s):**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority  
Signature