

PRECISION OCULAR NETWORK
MISSING RECEIPT AFFIDAVIT

Date of Purchase: _____

Business Purpose: _____

Vendor Name: _____

Detailed Description of Missing Receipt	Amount
	\$

I certify the above-mentioned receipt is missing. The original receipt was lost or not obtained. I was unable to attain a duplicate receipt from the original provider of goods or services for which payment was made.

I certify the expense was incurred in connection with Precision Ocular Network business and is accurately stated on this Affidavit. In addition, the reimbursement of the expense has not been or will not be paid by any other source.

Signature of Requester

Date

Authorized Signature

Date