

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.

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Signature of Requester

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Date

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Authorized Signature

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Date