



Affidavit of Missing Receipt

Transaction Date: _____

Transaction Amount: _____

Vendor / Merchant Name: _____

Business Purpose: _____

Detailed Reason the Receipt is Missing: _____

My signature below indicates the above transaction complies with Precision Ocular Network's Expense Policy with the exception of having an itemized receipt to submit. I understand any attempt to falsify information regarding my PON-issued credit card is grounds for disciplinary action.

Employee Name: _____

Employee Title: _____

Date Signed: _____

Signature: _____

Bill Spend and Expense Instructions:

Upload this signed affidavit as the receipt for your transaction.