

Division of Agriculture Affidavit of Lost Receipt

Name of Purchaser of Cardholder	Name of Supplier	City
Date of Receipt	Total Cost	Supplier's Telephone Number
Description of Expense		

While acting as agent for the Division on official state of Arkansas business, I incurred the expense described above. I have lost, misplaced, or did not receive the receipt documenting payment and have exhausted all options to retrieve a duplicate. I am submitting this affidavit in lieu of the missing receipt.

I certify that these are proper charges for costs incurred while on official state of Arkansas business and that I have not previously requested nor will I again request reimbursement for these expenses from the Division or any other source.

Purchaser or Cardholder Signature X	Date
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APPROVAL

Department Head X	Date
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