



LOST RECEIPT CERTIFICATION

SUNY New Paltz Foundation, Business Office, 1 Hawk Drive, New Paltz, NY 12561-2443

I, _____, have either not received or misplaced a receipt totaling \$_____.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of this receipt from the billing agency and/or proof of payment, if possible.
- The expense was incurred on behalf of College business
- The item and amount of the expense is accurate
- All goods and/or services were received
- No reimbursement of this expense has been or will be sought or accepted from any other source

DESCRIPTION OF EXPENSE

Dollar Amount _____

Vendor Name _____

Date Expense Incurred _____

REQUESTOR INFORMATION

Name _____

Signature

Date

If on campus, please complete:

Title _____ Phone _____

Department _____ Campus Address _____