Georgia Department of Public Safety Policy Manual

EXHIBIT LOST RECEIPT/INVOICE AFFIDA	VIT EXHIBIT NUMBER 7.17-6
REFERENCE PURCHASING CARD	DATE 8/3/2018
	EXHIBIT REVIEWED 11/21/2023
STATE CA	DF GEORGIA RDS PROGRAM
Lost Receipt	/Invoice Affidavit
Cardholder Name (please print):	
Work Unit (please print):	
Card Used (check one):	asing Card (P-Card) 🔲 Fuel Card
I certify that I made the purchase shown below (check all that apply):	for official business but do not have a receipt because
purchased Order was placed via telephone, fax, or Int	is document is provided in order to describe the items ernet and vendor has not supplied an invoice , or printed in ink. All information is required. Use one
Supplier/Merchant Name	
City	
Date of Purchase	
Detail Description of Items Purchased (each I additional sheet if necessary)	ine limited to 60 characters – attach Item Amount
Total Purchase Amount	
Tax paid: 🛄 No 🛄 Yes	
above (and on the attached, if applicable) were	
Supervisory Name (print):	