

# Georgia Department of Public Safety Policy Manual

<b>EXHIBIT</b> <b>LOST RECEIPT/INVOICE AFFIDAVIT</b>	<b>EXHIBIT NUMBER</b> <b>7.17-6</b>
<b>REFERENCE</b> <b>PURCHASING CARD</b>	<b>DATE</b> <b>8/3/2018</b>
<b>EXHIBIT REVIEWED</b> <b>8/3/2018</b>	



**STATE OF GEORGIA  
STATE CARDS PROGRAM  
Lost Receipt/Invoice Affidavit**

Cardholder Name (please print): \_\_\_\_\_

Work Unit (please print): \_\_\_\_\_

Card Used (check one):  Purchasing Card (P-Card)  Fuel Card

I certify that I made the purchase shown below for official business but do not have a receipt because (check all that apply):

- Supplier/merchant did not provide a detailed receipt
- I have requested an invoice, but the vendor has not provided it
- I had a receipt but cannot locate it
- I have a receipt but it is not readable and this document is provided in order to describe the items purchased
- Order was placed via telephone, fax, or Internet and vendor has not supplied an invoice

All information must be typed, completed on-line, or printed in ink. All information is required. Use one affidavit per lost receipt.

Supplier/Merchant Name	
City	
Date of Purchase	
Detail Description of Items Purchased (each line limited to 60 characters – attach additional sheet if necessary)	Item Amount
<b>Total Purchase Amount</b>	

Tax paid:  No  Yes

This document will be used in lieu of an invoice or receipt for this transaction. I certify that all items listed above (and on the attached, if applicable) were purchased and received for State of Georgia business. I also understand that habitual use of this form instead of submitting actual receipts or invoices will result in suspension or termination of purchasing card privileges.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisory Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisory Name (print): \_\_\_\_\_