

STATE OF GEORGIA STATE CARDS PROGRAM

Lost Receipt/Invoice Affidavit

Cardholder Name (please print):			
Work Unit (please p	orint):		
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):			
 Vendor 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.			
Vendor Name			
City			
Date of Purchase			
Detail Description of Items Purchased (each line limited to 60 characters – attach additional sheet if necessary)			Item Amount
additional sheet if the	,0033di y)		7 tillodrit
Total Purchase Amount			
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):			

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