

# AFFIDAVIT OF LOST RECEIPT

## WSU FUEL CHARGE CARD

See BPPM 95.37 for policies

Washington State University  
**Payments – Card Programs**  
PO Box 641025  
Pullman, WA 99164-1025

DELEGATED USER NAME:		DEPT/VEHICLE/NAME DISPLAYED ON CARD: _____
CARD CUSTODIAN NAME	CARD CUSTODIAN EMAIL	FUEL CARD LAST 4 DIGITS: _____

EXPLANATION – RECEIPT WAS:	<input type="checkbox"/> NOT RECEIVED	<input type="checkbox"/> LOST / MISPLACED
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### PURCHASE INFORMATION:

VENDOR/SUPPLIER NAME:		
VENDOR/SUPPLIER LOCATION:		
	COST OF GOODS / SERVICES:	
	SHIPPING:	
	TAX:	
	TOTAL COST:	

DESCRIPTION OF GOODS AND/OR SERVICES PURCHASED:
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As Delegated User of the WSU Fuel Charge Card, I certify that:

- This expense occurred on behalf of Washington State University.
- I am submitting this affidavit in lieu of the missing documentation for a fuel card transaction.
- The amount(s) shown above were expended for Washington State University business purposes.
- If charged to a grant, gift, or contract - the claimed expenses comply with the terms of the grant, gift, or contract.

DELEGATED USERNAME:	DELEGATED USER SIGNATURE:	DATE
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### APPROVALS:

CARD CUSTODIAN WSU ID NUMBER	CARD CUSTODIAN SIGNATURE	DATE
AREA FINANCE OFFICER NAME	AREA FINANCE OFFICER SIGNATURE	DATE

\* This completed form must be included in the month's fuel card reconciliation packet along with the downloaded replacement receipt. \*