

**MISSING DOCUMENTATION AFFIDAVIT
PURCHASING CARD TRANSACTIONS**

Washington State University
Purchasing Services
Pullman, WA 99164-1020

See 70.08 for additional instructions.

CARDHOLDER NAME	LAST 4-DIGITS OF CARD NUMBER	TRANSACTION ID NUMBER	TRANSACTION DATE
VENDOR NAME		VENDOR LOCATION (City, State)	
COST OF GOODS/SERVICES	TAX	SHIPPING	TOTAL COST \$
DESCRIPTION OF GOODS AND/OR SERVICES PURCHASED			
EXPLANATION RECEIPT WAS: (Check one) <input type="checkbox"/> NOT RECEIVED <input type="checkbox"/> LOST OR MISPLACED			

This expense occurred on behalf of Washington State University. I am submitting this affidavit in lieu of the missing documentation for a purchasing card transaction.

I certify that the amounts shown above were expended for Washington State University business purposes. If charged to a grant or contract, I certify that the claimed expenses comply with the terms of the grant or contract.

CARDHOLDER SIGNATURE X	DATE
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APPROVAL

APPROVING OFFICIAL NAME	APPROVING OFFICIAL SIGNATURE X	DATE
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Attach the approved affidavit to the monthly bank statement which includes this transaction.