

LOST RECEIPT AFFIDAVIT

This is to certify that on _____ a transaction was made in the amount of \$ _____
for _____.

Vendor's Name: _____

Vendor's Address: _____

ITEMS PURCHASED	AMOUNT
_____	_____
_____	_____
TOTAL AMOUNT _____	

Code to GL acct(s):

*I further certify that the **itemized receipt** for this payment has been lost or was not received from the vendor. I further certify that the goods and services represent legitimate expenses incurred solely for the benefit of the City of Gulf Breeze.*

Employee Printed Name _____

Employee Signature _____

APPROVED FOR EXPENDITURE:

Department Head

City Manager