

AFFIDAVIT

This is to certify that on _____, 20____ I paid the sum
of \$_____ for:

1. _____
2. _____
3. _____

I further certify that: ___ no receipt was issued
 ___ receipt was lost or misplaced
 ___ cancelled check not yet received
 ___ receipt is **not** for alcoholic beverages
 ___ sales tax is **not** included in above dollar figure

This statement is given in lieu of the receipt(s) in order to obtain reimbursement for said expenditure(s).

Signed: _____

Signed and sealed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____, 20____.