STATE OF GEORGIA
STATE CARDS PROGRAM
Lost Receipt/Invoice Affidavit

Cardholder Name (please print): __________________________________________________________

Work Unit (please print): ______________________________________________________________

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):

☐ Supplier/merchant 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.

<table>
<thead>
<tr>
<th>Supplier/Merchant Name</th>
<th>Item Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
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<tr>
<td>Date of Purchase</td>
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<tr>
<td>Detail Description of Items Purchased (each line limited to 60 characters – attach additional sheet if necessary)</td>
<td>Item Amount</td>
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<tr>
<td>Total Purchase Amount</td>
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</tbody>
</table>

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): ________________________________