



STANFORD UNIVERSITY

In Lieu of Receipt Affidavit

I, _____, have either not received or misplaced a receipt totaling \$ _____.

This affidavit is submitted in lieu of receipt and attests:

- No receipt for this expense is available.
- The expense was incurred on behalf of University business.
- The vendor and amount are accurate.
- No reimbursement for this expense has been or will be sought or accepted from any other source.

Description of the expense: _____

Vendor Name: _____

\$: _____
Amount: _____
G/L Code: _____

Claimant's Signature

Date

Budget Unit Manager's Signature

Budget Unit Manager's Name (print)

Certifier's Signature

Certifier's Name (print)

Submit this affidavit with the other receipts to Travel & Reimbursement.

Travel & Reimbursement
616 Serra Street
Mail Code 6048