

| LOST RECEIPT AFFIDAVIT | | |
|----------------------------|------------|------|
| This is to certify that on | 20 | |
| I paid the sum of \$for | | |
| | | |
| Vendor's Address: | | |
| ITEMS PURCHASED | | COST |
| | | |
| | | |
| | TOTAL COST | |

I further certify that the *itemized receipt* for this payment has been lost or was not received from the vendor and that this statement is given in lieu of the itemized receipt to obtain reimbursement for this expenditure. <u>A copy of your Debit or Credit Card Statement must accompany this Lost Receipt</u> <u>Affidavit.</u> I also certify that no alcoholic beverages or tobacco products and/or gift cards/gift certificates were purchased.

I certify that the attached receipts or invoices represent legitimate expenses incurred solely for the benefit of the City of Las Vegas. I also certify that I have not been previously reimbursed for these expenses and am still currently due this reimbursement.

SIGNED: _____

PRINTED NAME: _____

APPROVED FOR EXPENDITURE:

Department Head

Finance Director

City Manager