University of Missouri One Card Program
Missing Receipt Affidavit

DATE OF PURCHASE: ____________________________

MERCHANT NAME: _____________________________________________________

METHOD OF PURCHASE: _____ TELEPHONE _____ FAX _____ INTERNET
_____ STOREFRONT

OTHER: ________________________________________________________

DESCRIPTION OF PURCHASE:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

PURCHASE AMOUNT $ __________________________

RECEIPT WAS (CHECK ONE) _______ LOST _______ NOT OBTAINABLE

I, ____________________________, the undersigned do certify that the above
(print name) purchase was made for official University business.

_________________________________________    ______________________________
CARDHOLDER SIGNATURE      DATE