AFFIDAVIT FOR LOST RECEIPTS

I, _____, certify that actual receipts for expenses in the amount of $_____ were lost. I claim reimbursement for the below expenses which were incurred by me in the line of duty and in accordance with Nebraska Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source. NOTE: Repeated use of this form to report lost receipts is not acceptable. Employees who abuse the use of this form risk not having their expenses reimbursed.

Date of Expense	Time of Expense	Business Name and City of Purchase	Amount	Detailed Receipt Information
9/1/09	11:45 am	McDonalds – North Platte	*$6.09*	Cheeseburger $3.59 Med Fry $1.69 Med Drink $1.59

Example Only

Employee Signature

Date