

King County P Card Program Lost/Missing Receipt Form

IMPORTANT: Before completing this form ensure all efforts have been made to locate the receipt, invoice or order confirmation for your iExpense report.

| Name o | of P card Holder | | |
|---------------------------|--|--|--------------------------------|
| Name o | of Coordinator | | |
| Total of | transaction | | |
| | | | |
| This aff | idavit is submitted | in lieu of original receipt and attests: | |
| | No original receipt for this expense is available. | | |
| | The expense was incurred on behalf of King County official business. | | |
| | The item and amount of the expense are accurate. | | |
| | No reimburseme source. | nt of this expense has been or will be sou | ght or accepted from any other |
| | | | |
| | | | |
| | | | |
| | Name: | | |
| (Physica | al address or web | site URL) | |
| Date of F | Receipt: | | |
| Detailed | description of iter | ns purchased: | |
| Cardholder (print) | | Signature | Date |
| Division Director (print) | | Signature | Date |