

Certification for Missing Receipt

MSUAASF

I hereby certify the following information is true to the best of my knowledge. Please accept this document as a substitute receipt for expenses incurred for a previous expenditure.

Date of Charge:

Amount: \$

Vendor:

Explanation of Charges:

Reason for No Receipt:

Name:

Signature:

Date:

Submit this form along with your expense reimbursement request to the ASF Treasurer:

Sue Bayerl
St. Cloud State University, AS-118
720 4th Avenue South
St. Cloud, MN 56301
sjbayerl@stcloudstate.edu