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:**

Lori Wynia

Southwest MN State University

1501 State Street

Marshall, MN 56258

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