

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