



**Cook County Government
Business and/or Travel Expense Affidavit for Lost Receipts**

As the undersigned Affiant, being duly sworn on oath, I declare and state that I have personal knowledge of the facts and/or statements set forth herein and that all facts and/or statements provided by me are true to the best of my knowledge.

Name:		Title:	
Department:		Employee ID:	
Email:		Phone:	

This is to certify that on _____ I paid the sum of \$ _____

To [Enter Vendor's Name and Address]:

For [Enter Itemized Description of Expenses] If additional space is needed, attach a separate sheet.

A copy of your Debit, Credit Card or Bank Statement showing related charges must accompany this Affidavit for Lost Receipt. Expenses paid in cash are not reimbursable without receipt.

REQUESTOR	
By signing below, I further certify that:	
The itemized receipt for this payment has been lost or was not received from the vendor and this statement is given in lieu of that itemized receipt to obtain reimbursement for this expenditure.	
No alcoholic beverages or tobacco products and/or gift cards/gift certificates were purchased.	
I have not been previously reimbursed for these expenses and am still currently due this reimbursement.	
I have reviewed the County Employee Business and Travel Expense Reimbursement Policy, that the expenses represented herein are reasonable and necessary for conducting official Cook County business and comply with Cook County Employee Business and Travel Expense Policy.	
_____	_____
Signature	Date

AUTHORIZING PARTY CERTIFICATION (DEPARTMENT HEAD, BUREAU CHIEF, CHIEF OF STAFF, EMPLOYING OFFICIAL or COUNTY BUDGET DIRECTOR)			
By signing below and approving this form, I certify that I have reviewed the County Employee Business and Travel Expense Reimbursement Policy, the expenses represented herein are in compliance with the policy.			
Name:		Title:	
Signature		Date:	

Please attach this form to the Business and/or Travel Expense Reimbursement Form.