

APPENDIX B

**DEPARTMENT OF FINANCE AND ADMINISTRATION
FINANCIAL CONTROL DIVISION**

**AFFIDAVIT FOR LOST RECEIPTS
Travel**

I, _____, certify that actual/Itemized receipts for
(print name)
expenses in the amount of \$ _____ incurred while in the
conduct of business for the State of New Mexico, were lost.

PO #	Date/Time	Restaurant Name	Amount

Employee Signature

Date

Agency Head Signature

Date