

Name:

## NON-EMPLOYEE

## AFFIDAVIT OF NO RECEIPT

Street Address:		
City/State/Zip Code::		
The above named individual declares that:		
<ul> <li>the expense(s) itemized below and claimed on the attached expense report is correct and just,</li> <li>the expense(s) was incurred in the performance of duties for MnSCU System Office,</li> <li>the receipt(s) for the expense(s) has been <ul> <li>a. Lost (L)</li> <li>b. Destroyed (D) or</li> <li>c. Not obtained (N) (attach explanation),</li> </ul> </li> <li>no reimbursement for the expense(s) has been obtained to date.</li> </ul>		
Amount Paid Description \$ \$ \$ \$ \$		ReceiptWas (L) (D) (N)
Subscribed and sworn before me this	_ day of	_, 20
Individual's signature Notary Public		ry Public
County, Minnesota		
My commission expires		
Non-Employee Affidavit March 2014		