TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT

Cardholder: ________________________________________________________________

Account Number: ____________________________________________________________________

Signature of Program Coordinator: _____________________________________________________

<table>
<thead>
<tr>
<th>Transaction Description</th>
<th>Date of Purchase</th>
<th>Vendor</th>
<th>Cost</th>
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Detailed explanation of missing documentation:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: _____________ ;

CARDHOLDER SIGNATURE: _______________________________________________________

This Date Personally Appeared Before Me, the undersigned authority, in and for ____________County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the ____day of _____20____.

_________________________________
Notary Public

NOTE: This affidavit shall be attached to the cardholder’s statement and filed with the Approving Official.