

**TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT**



Cardholder: _____

Account Number: _____

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
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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.