



# Texas 4-H Youth Development Foundation

P.O. Box 11020  
College Station, Texas 77842-1020

Ref # \_\_\_\_\_

## AFFIDAVIT OF EXPENDITURE FORM

*Revised: Septmeber 2017*

If two or more receipts are lost in one month, the cardholder will be given a warning. If this occurs in two consecutive months or more than three times in one fiscal year, the cardholder's access may be suspended and reviewed. Potential misuse will result in deactivation of the cardholder's account.

I, the undersigned, hereby certify that the following purchase or expenditure, being presented for reimbursement from funds administered by the Texas 4-H Youth Development Foundation, was made for the purposes of advancing the Texas 4-H Youth Program. The original receipt for the purchase or expenditure has been lost, stolen or is otherwise unavailable to be presented for reimbursement. I further certify and promise that reimbursement for this same purchase or expenditure has not been and will not be requested from any other agency or institution nor has it been claimed as an unreimbursed employee expense or in any other way claimed as a deduction for Federal income tax purposes.

Date of Expenditure:	
Vendor's/Service Provider's Name:	
Vendor's/Service Provider's Address:	
Vendor's/Service City, State, Zip:	
Department:	
Amount of Expenditure:	

Reason the Receipt for this Expenditure is Not Available:	
Explanation of Expenditure:	

### Person Requesting Reimbursement:

Name:	
Title:	
Address:	
City, State, Zip:	
Phone Number:	

\_\_\_\_\_  
Signature of Person Requesting Reimbursement

\_\_\_\_\_  
Date

**Please Submit with Payment Request Form**