



LARIMER COUNTY, COLORADO

NON-RECEIPT AFFIDAVIT

Name: _____

Division/Department: _____

Date Purchased	Merchant	Purpose? Ex. Fin Monthly Mtg.	What was purchased? Ex. Sandwiches, pop etc.	Amount
Total amount				\$

I certify that all expenses listed above are genuine and necessary to accomplish County business, and no alcohol was purchased. The receipt(s) for this/these purchase(s) was/were not available or have been lost.

Employee Signature/Date