

DEPARTMENT OF FINANCE AND ADMINISTRATION  
 AFFIDAVIT FOR LOST, DAMAGED OR INCOMPLETE RECEIPTS  
*Travel and Per Diem*

I, \_\_\_\_\_ certify that actual receipts for expenses in the amount of  
 (print name and business unit)

\$ \_\_\_\_\_ incurred while in the conduct of business for the State of New Mexico, were lost,  
 damaged or incomplete.

Travel Dates (date & times of expenses incurred)	Lodging Expenses (name of vendor, actual dollar amounts incurred & description)	Meal Expenses (name of vendor, actual dollar amounts incurred & description)	Other Expenses (name of vendor, actual dollar amounts incurred & description)

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Head Signature

\_\_\_\_\_  
 Date