

Foundation Office



Rambo House
Campus Box 8000
Normal, IL 61790-8000
Telephone: (309) 438-2294

AFFIDAVIT

This is to certify that on _____, 20____, I incurred the following expense on behalf of Illinois State University:

- 1. To: _____
For: _____ \$ _____
- 2. To: _____
For: _____ \$ _____
- 3. To: _____
For: _____ \$ _____
- 4. To: _____
For: _____ \$ _____

I further certify that: _____ no receipt was issued
_____ receipt was lost or misplaced
_____ canceled check not yet received

This statement is given in lieu of the receipt(s) in order to obtain reimbursement for said expenditures(s).

Signature

Signed and sealed before me this _____
day of _____, 20_____.

_____ My commission expires _____
Notary Public