WOLFS-104c
April-01

STATE OF WYOMING

Certification Statement For Receipts Lost, Misplaced or Not Received

Travelers Name: _____
SSN: _____
Agency: _____

Provide a brief description of the circumstances surrounding the absence of this receipt:

Vendor/Company Name _____
Vendor/Company Address (City/ST) _____
Date of Expense _____
Itemized Description of goods or services purchased _____
Amount _____

Travelers Certification:
I certify under penalty of perjury and subject to the provisions of W.S. 6-5-303 and its penalties that the foregoing certification is an accurate statement attesting to the loss, misplacement or non-receipt of a receipt in accord with W.S. 9-3-103.

_____ _____
SIGNATURE **DATE**

Agency Director/Designee Approval

☐ **DISAPPROVED** _____
Signature

☐ **APPROVED IN PART** _____
Signature

Describe, by amount, the portion that is approved for payment:

_____

☐ **APPROVED IN TOTAL** _____
Signature

Original - Travel Voucher Copy 1 - Agency Copy 2 - Traveler