

Missing Receipt Affidavit

STATE OF CONNECTICUT

Office of the State Comptroller

Central Accounts Payable Division
CO-505 (7/2024)



PURPOSE OF THIS FORM:

This form should be completed for purchases made using the purchasing cards (P-Cards) when there is a misplaced/unavailable/illegible receipt and a duplicate could not be obtained from the merchant.

AUTHORITIES:

- [Memorandum 2024-19: "Missing Receipt Affidavit"](#)
- [CGS Section 4-98](#)
- [CGS Section 4-33a](#)
- [P-Card Manual](#)

GENERAL INSTRUCTIONS:

1. Each transaction with a misplaced/unavailable/illegible receipt must be recorded on a separate form.
2. ALL fields MUST be filled out.
3. The completed form must be signed by the Cardholder and Agency P-Card Coordinator.
4. The properly completed, approved, and signed Missing Receipt Affidavit form must be uploaded to the Reconcile Statement Procurement Card Transactions page in Core-CT and the description "Missing Receipt Affidavit" inserted under the Transaction Line Comments.

Cardholder Name: _____ **Card Last 4 Digits:** _____ **Transaction Date:** _____

Core-CT Business Unit: _____ **Agency Name:** _____

Merchant Name: _____ **Merchant Address:** _____

Description of item(s) purchased: _____ **Transaction Amount:** _____ **Business Purpose:** _____

Total Amount: _____

Reason for Missing Receipt: _____

Internal Controls Inquiry: Briefly explain how the Agency has established written procedures in its P-Card Policy to reduce or eliminate missing receipts.

Certification:

I certify that the above purchase is a legitimate business expense for which the original receipt and duplicate are not available, and this form is being submitted in lieu of the receipt. The information provided above is accurate and complete and I have not and will not submit a duplicate of this form for reimbursement of this expense from any other source. I understand that intentional misrepresentation of information on this form may result in disciplinary action.

I acknowledge that repeated or routine use of the Missing Receipt Affidavit form (CO-505) may be considered excessive and will result in an audit citation by the Office of the State Comptroller, Accounts Payable Post Audit Division and, in more severe cases, may be reported to the Auditors of Public Accounts for potential fraudulent behavior.

Cardholder Name: _____ **Title:** _____ **Cardholder Signature:** _____ **Date:** _____

Approver Name: _____ **Title:** _____ **Approver Signature:** _____ **Date:** _____