



APPENDIX A
LIVINGSTON COUNTY, MICHIGAN
RECEIPT AFFIDAVIT

On _____ I misplaced / lost / didn't receive an itemized receipt
(Date of Receipt)

For _____
(Meal: Breakfast, Lunch, or Dinner)

From _____
(Name and location of eatery)

Amount _____
(Enter amount including tip, if applicable)

I certify to the following (please initial each section):

_____ This represents a legitimate business expense incurred while traveling on behalf of Livingston County

_____ The expense incurred was solely for me, or, if paying on behalf of another employee I will specify the employee **by name here**:

_____ No alcoholic beverages, tobacco products, or gift cards were purchased

_____ I certify that I have not previously been reimbursed for this expense

(Print Employee Name)

(Signature of Employee)

(Department)

(Director/ Deputy Director Signature)

* As Director, I acknowledge that the employee, while on authorized business, did not follow County policy. I will ensure all my employees receive a copy of the Business Expense Reimbursement Policy prior to travel.

Link to the Business Expense Reimbursement Policy can be found on the County website.

Please follow this link: <https://www.livgov.com/administration/Pages/policies.aspx>

11/2017

A separate affidavit must be completed for each lost/non-itemized receipt