

# CHFA Missing Receipt Affidavit

**CHFA Business Office**

209 South College  
Phone: 413.545.6696  
Fax: 413.545.4171  
Email: business@hfa.umass.edu

I certify that each ticket stub or other receipt described below, was lost or not obtained and that I have been unable to obtain a duplicate from the provider of goods or services for which payment was made. It has not nor will be submitted for reimbursement to the University of Massachusetts or any other organization.

Amount	Detailed Description of Missing Receipt(s)

**Traveler's Name:**

--

**Traveler's Signature:**

--

**Date:**

--

**Approving Authority Name:**

--

**Approving Authority Signature:**

--

**Date:**

--