

**ST CLOUD STATE UNIVERSITY
AFFIDAVIT FOR EMPLOYEE REIMBURSEMENT**

State of Minnesota, County of _____

_____, being first duly sworn, says that he/she is an

employee of the State of Minnesota, St Cloud State University, and that on _____, he/she
(Date)

purchased _____ from _____ for which

\$ _____ was paid.

_____ And further, that a receipt was not obtained for the above expenditure(s).

_____ And further, that a receipt was obtained but that it was lost.

This expense was incurred as an employee of the St Cloud State University on official business.

Subscribed and sworn before me this _____ day of _____, _____.

Employee's Signature

Notary Public

_____ County, Minnesota

My commission expires _____

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