

STATEMENT IN LIEU OF LOST RECEIPT(S)

Name: _____ Grade/Rank _____

Date: _____ T/O# _____

NGIS/NAVY LODGE/COMMERCIAL LODGING

Name: _____

Address: _____

Rate (Daily) (Single): _____

Total Amount Paid: _____

Period: _____ From: _____ To: _____

COMMERCIAL TRANSPORTATION

Commercial Transportation was used from _____ to _____

Date: _____

Name of the Company _____ Amount Paid: _____

OTHER

Type of Expense: _____

Name and Address of Vendor: _____

Total Amount Paid: _____

STATEMENT AS TO WHY RECEIPT(S) WAS/WERE NOT FURNISHED:

The penalty for willfully making a false claim is: A maximum fine of \$10,000.00 or maximum imprisonment of 5 years or both. (U.S. Code Title 18 Section 287) The statements on this form are true and complete. If the expense for which this certificate is being used is for a rental vehicle, I further certify the vehicle in question did not exceed the size/make/model authorized in my orders, was not rented for any non-duty periods nor do the costs include fees for optional personal injury or collision damage waiver insurance (CONUS rentals only).

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Department Regulations. This information will be used to process your request for travel claim liquidation. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

(Signature)

(Date)