



University of Washington
Perjury Statement

Financial Accounting, Banking and Accounting Operations, Box 351120

Fund Advance #:		Box Number:	
Department:		Date of Purchase:	
Payee Name:			

Under penalty of perjury, I hereby certify that I incurred the following expenditures:	
Description	Amount
Totalling:	\$ -

for which I am unable to provide an original receipt because:

I further certify that I have not, and will not be reimbursed for the above expenditures from any other source.

Signature of Purchaser	Please Print Name	Date
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Administrator's Signature	Please Print Name	Date
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