



AFFIDAVIT

STATE OF MINNESOTA
COUNTY OF CLAY

_____, being first duly sworn, states that he/she did not
obtain receipts for

Total amount of receipt: _____

Because

I also affirm that the above expense was incurred in the performance of official duties for
the State of Minnesota and that no part of the same has been reimbursed by any other
source.

Signature

Subscribed and sworn to before me this

_____ day of _____ 20____

Notary Public

(This form must be signed in the presence of a Notary Public)

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