**I-Shou University**

**Cashier Section**

**Application Form and Affidavit for Replacement of Lost Payment Receipts**

1. **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name)* of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Unit)* hereby apply for replacement of a payment receipt which is lost because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Receipt No.:**

**Payer’s Name:**

**Receipt Amount:**

1. **If the lost payment receipt is found after the replacement, under no circumstances should I or my unit use the found payment receipt to apply for expense reimbursement or use it for any other purposes.**

**Applicant / Applying Unit:**

**Application Date:**