

I-SHOU UNIVERSITY

Cashier Section

Application Form and Affidavit for Replacement of Lost Payment Receipts

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

Receipt No.:

Payer's Name:

Receipt Amount:

**II. 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: