Provider Name
Provider Address (physical & mailing)
Provider Address (City, ST, & Zip)

Affidavit of Lost/Missing Receipt

The BFET program requires participants to provide receipts for participant reimbursements received. This missing receipt affidavit form is a sworn statement in writing and is used when a receipt was lost or is missing.

Type of Participant Reimbursement Receipt:

 Fuel/Gift Card; Card Number Issued:

 Clothing

 Other Support Service:

Form of Payment:

Date Support Service Issued:

Participant ID (eJas):

Explanation:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­*(Participant)*, understand if I fail to return two receipts while enrolled in the BFET program, I will no longer be eligible to receive further support services through BFET.

Participant Signature: Date:

Provider Name Authorized Name: *(please print)*

Provider Name Authorized Signature: ­ Date: