



UNIVERSITY OF WASHINGTON

REVOLVING FUND PERJURY STATEMENT

FINANCIAL SERVICES ACCOUNTING OPERATIONS, BOX 351120

Check #

Vendor Number	-	Revolving Fund (Name of fund)
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Department	Box Number
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Under penalty of perjury, I hereby certify that I incurred the cost of (Amount) \$

Payee Name	Budget to Charge	Date of Purchase
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For (describe purchase)

Briefly explain why there is no receipt or why a copy is being used

SIGNATURES

Signature of Purchaser _____ Date _____

Administrator's Signature of Approval _____ Date _____