I,				print name), do solemnly swear that I incurred the		
fo	llowing expe	nses which were incu	urred on behalf of the S	State of Missouri and	I that I am unable to	
pr	oduce, obtai	n or retain a bona fid	e receipt for the follow	ing:		
	Date	Amount of expense	Purpose of Expense	Where purchased	Reason for no receipt	
-						
-						
-						
-						
-						
۱۲	ereby under	stand that if the expe	enses claimed above w	vere not actually incu	irred on behalf of the State	
of Missouri that this may cause revocation of my card, disciplinary action, and/or repayment of the amount						
attributable to improper use using personal funds.						
(S	igned by Ca	rdholder)		(Dated)		
	rint name on	d phone number)				
(1-	iiii iiaiiie ali	ia priorie riarriber)				