

STATEMENT IN LIEU OF RECEIPTS

Ref: (a) MCTIM, par. 20311

1. Per the reference, I hereby certify that I paid for the reimbursable expenses listed below. The receipts have been misplaced, lost, or otherwise destroyed. I will not submit further a claim for reimbursement.

PLANES/CABS/RAIL

DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____
DATE: _____	FROM: _____	TO: _____	AMT: \$ _____	CARRIER: _____

LODGING

RATE/TAX: \$ \_\_\_\_\_  
 NUMBER OF NIGHTS: \_\_\_\_\_  
 TOTAL AMOUNT: \$ \_\_\_\_\_  
 NUMBER OF OCCUPANTS: \_\_\_\_\_  
 NAME AND ADDRESS OF HOTEL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RATE/TAX: \$ \_\_\_\_\_  
 NUMBER OF NIGHTS: \_\_\_\_\_  
 TOTAL AMOUNT: \$ \_\_\_\_\_  
 NUMBER OF OCCUPANTS: \_\_\_\_\_  
 NAME AND ADDRESS OF HOTEL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INCLUSIVE DATES: \_\_\_\_\_

INCLUSIVE DATES: \_\_\_\_\_

OTHER REIMBURSABLES

DATE	SPECIFIC EXPENSES	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_