Reset Form

STATEMENT IN LIEU OF LOST RECEIPT

Name (Last, First, MI)	SSN:	Rate/Grade
Command		Date Reported (dd/mmm/yy)

I certify that the following receipt(s) has been lost, destroyed or are unobtainable and that all the information herein is true and correct to the best of my knowledge.

☐ Lodging Receipt

Hotel/Motel Name

City and State

Daily Single Occupancy rate

Date of occupancy From: to

☐ Airline Ticket

Name of Airline

From (City and State)

To (City and State)

Date Purchased

Where Purchased

☐ Car Rental/Taxi

Car Rental/Taxi Company

Location

From (City and State)

To (City and State)

Total amount paid

☐ Other (Specify)

Brief explanation of how it happened

This is to certify that this statement is true to the best of my knowledge and that if the original receipt is found, no additional claim will be filled.	Signature

NOTE: THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS: A MAXIMUM FINE OF $10,000.00 OR MAXIMUM IMPRISONMENT OF FIVE (5) YEARS OR BOTH. (U.S. CODE TITLE 18, SECTION 287, FORMALLY SECTION 80)

PSAJAXFORM 7240/5 (Rev 01/01)