UNIVERSITY OF WASHINGTON

REVOLVING FUND PERJURY STATEMENT

FINANCIAL SERVICES, BANKING & ACCOUNTING OPERATIONS
BOX 351120

Check #

Vendor Number –	Revolving Fund (Name of fund)	
Department		Box Number

Under penalty of perjury, I hereby certify that I incurred the cost of (Amount) $

Payee Name	Budget to Charge	Date of Purchase

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 _____

UoW 1122 (Rev. 6/07)

RESET FORM