OTERO COUNTY **AFFIDAVIT FOR LOST RECEIPTS** FORM DATE: 1/1/2021

I, _____ certify that actual receipts in the amount of **$ 0.00**
Incurred while in the conduct of business for the County of Otero, were lost.

Date of Expense	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			TOTAL REIMBURSEMENT	$ 0.00

SIGNATURES:

TRAVELER: _____ DATE: _____

DEPARTMENT HEAD: _____ DATE: _____

COUNTY MANAGER: _____ DATE: _____