OTERO COUNTY **AFFIDAVIT FOR LOST RECEIPTS** FORM DATE: 7/1/2022

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

Date of Expense	Description of Expense	Amount of Expense
	TOTAL EXPENSES	$ 0.00

SIGNATURES:

EMPLOYEE: _____ DATE: _____

DEPARTMENT HEAD: _____ DATE: _____

COUNTY MANAGER: _____ DATE: _____