



**Mailing Address:**  
AFSCME Local 920  
P.O. Box 3703  
101 South Fifth Street, Suite 150  
Saint Paul, MN 55101

## Affidavit of No Receipt

I, \_\_\_\_\_, a member of AFSCME Local 920, hereby make the following statement of expense being true and correct; that the sum(s) charged as indicated below was actually disbursed by myself in the performance of official duties for AFSCME Local 920 Minnesota Department of Health and Health Licensing Boards, but that no receipt was secured as required by AFSCME Local 920 Expenditure Policy.

Date	Item	Amount

\_\_\_\_\_  
Member Signature & Date

\_\_\_\_\_  
Witness Signature & Date