The undersigned employee responsible for said missing documentation hereby states that the above facts are true and correct to the best of his/her knowledge.

DATE:__________; SIGNATURE OF EMPLOYEE______________________________________________

This Date Personally Appeared Before Me, the undersigned authority, in and for ___________ County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____day of __________, 20__________

___________________________________
Notary Public

NOTE: This affidavit shall be attached to the Cardholder’s statement and filed with the Approving Official.