



PERJURY STATEMENT

**Department of Political Science, Box 353530
University of Washington**

Date _____

Under penalty of perjury, I hereby certify that I, _____,

(print name)

incurred the cost of \$_____ for _____

I do not have a receipt because _____

Vendor/Place of Purchase _____

Budget # _____

Signature _____

***Dept.
Approval*** _____

ATTACH TO APPROPRIATE POLISCI REIMBURSEMENT FORM