



Montana Department of Transportation  
 PO Box 8019  
 Helena, MT 59604-8019  
 (406) 444-7270

**Affidavit Form to be Used When the Original Invoice or Invoices Have Been Lost  
 Both Sections A and B must be completed**

Complete the following sworn statement and attach this form to the duplicate invoices

County of \_\_\_\_\_

State of \_\_\_\_\_

**A. Claimant**

I hereby certify that the original copies of the attached invoices have been lost or destroyed and that no gasoline, gasohol and/or diesel refund has been received for the same. In the event that the originals are found, I will not present them to the Fiscal Operations Bureau of the Department of Transportation office for gasoline, gasohol, and/or diesel refund.

Claimant's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
 Notary Public

County of \_\_\_\_\_

State of \_\_\_\_\_

**B. Dealer**

Our records indicate that \_\_\_\_\_ purchased the number of gallons of gasoline, gasohol and/or diesel on the date shown on the attached duplicate invoice(s), which are exact copies of the lost original(s). The numbers and dates on the original(s) were as follows:

Number	Date

Dealer's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
 Notary Public