



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
 DEPARTMENT OF FINANCE  
 DIVISION OF FINANCIAL SERVICES



**DECLARATION**

I, \_\_\_\_\_, State as follows:

1. I was authorized to perform travel per Travel Authorization (TA) No. \_\_\_\_\_, dated \_\_\_\_\_.
2. I performed the travel from \_\_\_\_\_ to \_\_\_\_\_.
3. I have misplace or lost the travel document(s) noted below:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

I, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ on Saipan, Commonwealth of the Northern Mariana Islands.

\_\_\_\_\_  
 Signature