



LOST/MISSING RECEIPT FORM

I, _____ have either not received or misplaced a receipt totaling \$_____.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of this receipt from the billing agency and proof of payment.
- The expense was incurred on behalf of the College/District.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been, or will be sought, or accepted from any other source.

Description of expense:

Vendor Name _____

Date of Receipt _____

Claimant's Signature _____ Date _____

Approver's Name _____

Approver's Signature _____ Date _____