

Lost Receipt Affidavit/ Missing Receipt Authorization

Employee Name: _____

Date: _____

I certify that the following receipts have been lost and that it does not include any alcoholic beverages or tobacco purchases. Thus, the following expense is legitimate and qualifies for reimbursement pursuant to the guidelines set forth by State of California and Davis Joint Unified School District.

Date of Transaction	Vendor	Purpose/Items Purchased	Amount
	Total		

Signature: _____

Site Administrator Approval: _____

Date: _____

Please return completed forms to the **Fiscal Services** office. If you have questions, please contact our office at (530) 757- 5300 ext. 186.