



Fiscal Services

9 KPC Parkway, 2nd Floor, Corona, CA 92879

Voice: 951-509-5175 Fax: 951-358-1502

STATEMENT OF MISSING RECEIPT

(To be used when extenuating circumstances prevent submission of original receipts)

Date: _____

I hereby certify that the expenditures listed below were actually incurred and necessary in the performance of my job duties with full knowledge of my supervisor, and further, that no part of the above claim has heretofore been claimed or paid.

Place of Purchase: _____

Date: _____ **Amount:** _____

Reason for no receipt: _____

Item Description: _____

SUBMITTED BY

Signature

Printed Name

Position

APPROVED FOR PAYMENT

Supervisor / Principal

Director I, Fiscal Services

INSTRUCTIONS: Use this form when the original receipt has been lost or is not available. Submit this form along with a copy of the approved expense claim. This form should be used only after all efforts have been exhausted to obtain the original receipt.