



AFFIDAVIT FOR LOST RECEIPT

(Appendix F)

(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.

Cardholder/Approving Official must fill out form below:

Date of Purchase/Service: _____ Vendor Name: _____

Description of Purchase: _____

Quantity Purchased: _____ Dollar Amount: _____

Steps taken to obtain Duplicate copy: _____

Reason you were unable to obtain receipt/invoice: _____

Repeated lost receipts will result in loss of CAL-Card privileges.

Date: _____

Cardholder Signature _____

Approving Official Signature _____

APPROVED FOR PAYMENT

Supervisor / Principal

Director, Fiscal Services

SUBMITTED BY:

Signature

Printed Name

Position

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.