

RIVERSIDE COUNTY OFFICE OF EDUCATION

MISSING RECEIPTS FORM

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

DATE:

PLACE:

ITEMS ON RECEIPT:

AMOUNT:

Reason for no receipt:

I hereby certify that the above expenditures were actually and necessarily incurred in the performance of my duty, and further, that no part of the above claim has heretofore been claimed or paid.

Submitted by:

Approved for Payment:

Signature

Printed Name

Position

INSTRUCTIONS: Use this form when no receipt is available for reimbursement.