

# McCloud Community Services District

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## Policy 3040 Expense Authorization Appendix A

### Missing Receipt Affidavit

#### EXPENSE TRANSACTION INFORMATION

Employee Name: \_\_\_\_\_ Current Date: \_\_\_\_\_  
Department Name: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Account #: \_\_\_\_\_ Expense Report Date: \_\_\_\_\_  
Vendor Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
Reference #: \_\_\_\_\_

#### DESCRIPTION OF PURCHASE

[describe]

#### MISSING RECEIPT AFFIDAVIT

I certify that the transaction amount documented above was incurred on behalf of the District as a legitimate business expense. The charge complies with the District's purchasing policy and authorization limits. This form is submitted as a substitute to the original missing receipt and must be approved and signed by the General Manager.

Initial for acknowledgement of affidavit: \_\_\_\_\_

#### THIS SECTION COMPLETED BY EMPLOYEE

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ **\*\*Note: Attach this statement to your expense report\*\***

#### THIS SECTION COMPLETED BY EMPLOYEE'S SUPERVISOR

Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_