



PALO VERDE COMMUNITY COLLEGE DISTRICT

MISSING RECEIPT FORM

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

Date:

Location:

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: _____

Signature

Date: _____

Printed Name

Approved for payment by: _____

Administrator

Date: _____