



MISSING RECEIPT/NON DETAILED RECEIPT AFFIDAVIT

Form of payment for this purchase:

Credit/Debit Card

Cash

Check

Other

I, _____ have either not received an itemized detailed receipt or have misplaced an original receipt totaling _____. This expense was incurred on behalf of Santa Monica College.

The following is a list of attempts I have made to secure a duplicate of the receipt:

1. _____

2. _____

This form is submitted in lieu of the original receipt.

Transaction Number: _____ Transaction Date: _____

Vendor: _____

Detail of Expense (explain in box below)

Amount: _____

I certify the amounts shown above were properly expended in connection with my job responsibilities at Santa Monica College. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant or contract.

Employee Signature

Printed Name of Employee

Date

Vice President's Signature

Printed Name of Vice President

Date