



# Cape Girardeau Public Schools Missing Receipt Affidavit



## **TRANSACTION INFORMATION**

Employee Name: \_\_\_\_\_

Building/Dept: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Receipt Total: \_\_\_\_\_

Account Code: \_\_\_\_\_

## **DETAILED DESCRIPTION OF PURCHASE:**

I certify the above mentioned receipt is missing. The original receipt was lost, destroyed, or not obtained. The available duplicate receipt from the provider has been attached. I certify the expense was incurred in connection with district business and is accurately stated on the request. In addition, the reimbursement of the expense has or will not be paid from any other source.

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_