

**Palomar Community College District**  
**Missing Receipt Affidavit**



**PURPOSE OF FORM:** This form is to be used on rare occasions when employees have lost, destroyed, or misplaced their original receipts and all measures to obtain a copy have been exhausted. This form must be attached to the claim being submitted. In the case of a CAL-Card transaction, the Missing Receipt Affidavit should be submitted by the custodian of the CAL-Card account along with the rest of the monthly reconciliation documents. Each item must not exceed \$75.00 per IRS publication 5137.

<b>Date of Purchase:</b>	
<b>Vendor Name:</b>	
<b>Vendor Address:</b>	
<b>Item(s) Purchased:</b>	
<b>Total Amount of Purchase:</b>	
<b>Business Purpose for Purchase:</b>	

**REASON/JUSTIFICATION FOR MISSING RECEIPT:**

- Lost
- Never Received
- Other \_\_\_\_\_

**FORM OF PAYMENT USED:**

- Cash
  - Personal Check **[Please provide a copy of canceled check]**
  - Personal Credit Card **[Please provide a copy of credit card statement]**
  - District Cal-Card    Cardholder Name: \_\_\_\_\_
- **Please provide some sort of verification of purchase for physical assets (i.e. picture of goods)**

**EMPLOYEE CERTIFICATION SIGNATURE:**

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contacting the vendor has been made. I certify that the amount shown above is the amount that I actually paid; that I have not and will not submit a duplicate claim; and that I have not and will not seek a claim for these expenses from any other source. I acknowledge that repeated lack of documentation could result in other administrative actions, including but not limited to denied reimbursement claims.

EMPLOYEE NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

**DEAN/DIRECTOR OR VICE PRESIDENT SIGNATURE:**

I have accepted the employee's explanation of the loss and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the receipt or invoice.

ADMINISTRATOR APPROVAL: \_\_\_\_\_