RIVERSIDE COUNTY OFFICE OF EDUCATION

MISSING RECEIPTS FORM

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

DATE: Click here to enter date.

PLACE: Click here to enter place.

ITEMS ON RECEIPT: Click here to enter items on receipt.

AMOUNT: Click here to enter amount.

Reason for no receipt: Click here to enter reason.

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: Approved for Payment:

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Signature

Click here to enter name.

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Printed Name

Click here to enter position.

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Position

**INSTRUCTIONS:** Use this form when no receipt is available for reimbursement.