

Certification for Missing Receipt(s)

Reference Eaton RESA Board Policy 3440 & 4440

| Transaction Information | | |
|--|--|--------|
| Transaction Date: | Total Transaction Amount: Not to exceed \$100 | |
| Payee: (Name of Vendor, Person, etc.) | · | |
| Location: (City/State/Zip) | | |
| Description of Expenses Incurred | | |
| Description and Justification for Evpanso(s) | | Amount |
| Description and Justification for Expense(s) | | Amount |
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| December Missian Descinto | | |
| Reason for Missing Receipt(s) | | |
| Lost Receipt Vend | for Provided None Other | |
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| Certification | | |
| | | _ |
| Date: | | |
| | | |
| Employee Name (Printed) | Position | |
| | | |
| I certify that the foregoing receipt related to an authorized expense on behalf of the District is not available or obtainable, and the information is true and accurate, and the amount shown is legally due. This expense has not yet nor will again be submitted for reimbursement or tax purposes. In the future, I will make every reasonable attempt to acquire and retain a detailed receipt for my expenses. | | |
| Signature: | | |
| Authorization | | |
| Addivitation | | |
| Authorized Signature (Board Member or Designee): | (2) | |
| (Board Member or Designee) | | |
| Printed Name of Authorized Person: | Date: | |