

RIVERSIDE COMMUNITY COLLEGE DISTRICT

**MISSING RECEIPT AFFIDAVIT**

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

Date:

Place:

Reason for non-itemized receipt:

Amount:

Item(s) Purchased:

I hereby certify that the above expenditures were actually and necessarily incurred in the performance of my duty, no unallowable items (such as alcoholic beverages) were purchased, and further, that no part of the above claim has heretofore been claimed or paid.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**INSTRUCTIONS:** Use this form when no receipt is available or receipt submitted is not itemized and submit with Itemized Expense Reimbursement Request form.