

## LOST / NO RECEIPT FORM

PAYEE: \_\_\_\_\_

DOC. #: \_\_\_\_\_

I hereby certify that I paid for the following expenses:

1. No receipt was given or the receipt was lost.
2. These expenses were incurred in the conduct of official business.
3. I have made no previous claims for these expenses.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>METHOD OF PAYMENT</u> <u>CASH / CHECK / C.C.</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**TOTAL:** \_\_\_\_\_

PAYEE SIGNATURE: \_\_\_\_\_ / /