



ROSS VALLEY SANITARY DISTRICT

1111 Andersen Drive
San Rafael, CA 94901
(415) 259-2949 ~ rvsd.org

AFFIDAVIT OF LOST OR UNAVAILABLE RECEIPT

Instructions

All information requested on this form needs to be completed before it will be accepted.

Please Print or Type

| | | |
|-------------------------------|---|--|
| Name | Name of Vendor | City |
| Date of Receipt | Total Cost | Vendor's Telephone Number |
| Description of Expense | | |
| Form of Payment | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card (Attach Credit Card Slip) | <input type="checkbox"/> Check (Attach Copy of Cancelled Check) |

Certification

While on official District business I incurred the expense described above. I have lost, misplaced, or did not receive the itemized receipt documenting payment. I am submitting this affidavit in lieu of the missing receipt.

I certify that this is a proper charge for a cost incurred while on official District business and that I have not previously requested, nor will I again request, reimbursement for this expense.

| | |
|-----------|------|
| Signature | Date |
| | |

APPROVAL

| | |
|-------------------|------|
| Signature | Date |
| Supervisor's Name | |
| | |

This form may not be used for lost air tickets, car rental receipts, lodging receipts, or registration receipts/brochures. Duplicate receipts may be obtained for these types of expenses.