



## ROSS VALLEY SANITARY DISTRICT

2960 Kerner Blvd  
San Rafael, CA 94901  
(415) 259-2949 ~ [rvsd.org](http://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<br>(Attach Credit Card Slip) | <input type="checkbox"/> Check<br>(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.