

LOST RECEIPT / NO RECEIPT CERTIFICATION

I incurred an expense that is reimbursable by the Manhattan Beach Unified School District. I certify that I did incur this expense as listed:

Explanation: _____

Name of Vendor: _____

Date of Purchase: _____

Items Purchased: _____

Amount: \$ _____

Employee Signature

Date Signed

Employee Name Printed

Location

Supervisor's Approval:

I certify that I saw the items requested for reimbursement and/or am sure that the expense was incurred by the employee.

Supervisor's Signature

Date Signed

Business Office Approval:

I certify that I have evidence to believe that this expenditure is valid. Approval for Payment:

Business Official Signature

Date Signed