

# AFFIDAVIT

## Lost or Missing Receipt

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Expense \_\_\_\_\_

Amount \_\_\_\_\_

Date Expense was incurred \_\_\_\_\_

Purpose of expense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above stated expense was incurred on the date indicated and that said expense was undertaken on behalf of the Academic Senate for California Community Colleges in accordance with approved reimbursement policies.

Signature \_\_\_\_\_

**Approval** \_\_\_\_\_