Oroville Union High School District

Affidavit of Non-Receipt

In signing below, I, _____ am confirming that I do not have a receipt for the expense incurred for the activity checked below. Every effort has been made to obtain such a receipt.

The following expense has been shown on my claim for reimbursement, and if not yet submitted, this affidavit will be attached to such claim.

Date of Activity	Type of Activity	Cost

Claimant Signature: _____

By signing this document, I am certifying that this claim does not reflect any purchase of tobacco or alcohol.

Authorized Signer: _____

COST ACCOUNTING INFORMATION:

FUND	RESOURCE	YEAR	OBJECT	G OAL	FUNCTION	SITE	MANAGER	COST CENTER
-	-	-	-	-	-	-	-	