



**SNOHOMISH
SCHOOL
DISTRICT**

Missing Receipt Statement

This form will act as a receipt when requesting reimbursement for expenses with missing or inadequate itemized receipts.

First & Last Name

School/Department/Unit

Vendor Name & Location

Amount \$

Date of Purchase

Description of Purchase (Items/Purpose)

I certify and attest that the above statements are true, I have incurred the described expenses, and that these expenses were for school district purposes. I further certify that the itemized receipts are missing and a copy could not be obtained from the vendor.

Signature of Purchaser

Today's Date