TAMALPAIS UNION HIGH
SCHOOL DISTRICT

MISSING RECEIPT/ITEMIZATION/ NO ALCOHOL CERTIFICATION FORM

Complete this form in lieu of missing receipt.

Employee: _____

(print)

DATE	VENDOR	DESCRIPTION	AMOUNT
		TOTAL	$ 0.00

I hereby certify that as an employee of Tamalpais Union High School District, the items and amounts claimed above were purchased solely for the use of Tamalpais Union High School District and this declaration is in lieu of either a lost or unobtained itemized receipt. I further certify that no alcoholic beverages or other disallowed items were purchased on the attached expense claim for which I seek reimbursement.

Employee Signature: _____ **Date:** _____

Please submit this form, with your completed reimbursement form, to your Budget Secretary or Admin Assistant for processing.