CERTIFICATION FOR MISSING/UNATTAINABLE RECEIPT

FOR TREASURERS USE ONLY:
Check No._____
Amount $_____
Date _____

Approved by:
Board Motion_____
Budget_____
Other_____

COMPLETE INFORMATION, AND MAIL OR GIVE TO TREASURER

Use this form to report on payment or reimbursement for expenses incurred and the original itemized receipts is not available or missing.

DATE OF PAYMENT	
AMOUNT PAID	$
	☐ Check ☐ Check ☐ Other
PAYMENT MADE TO	
LOCATION	

MEMBER NAME	
TITLE	
PURPOSE	
REASON FOR MISSING OR UNATTAINABILITY	

SIGNATURE OF MEMBER	
DATE	
APPROVAL	
TITLE	
DATE	