



California Association for Bilingual Education  
16033 E. San Bernardino Road  
Covina, CA 91722  
626-814-4441 Fax 626-814-4640

## AFFIDAVIT FOR LOST RECEIPT

**This Affidavit for Lost Receipt(s) is for special circumstances and occasional use only, i.e. when no receipt is issued or the official receipt is lost. Incessant use of this form may require approval of the Chief Executive Officer.**

Employee Name: \_\_\_\_\_

Date(s) of Purchase: \_\_\_\_\_

Merchant's/Vendor's Name: \_\_\_\_\_

Amount of Purchase: \$ \_\_\_\_\_

Give the name of the person(s) the purchase was for (if different from employee above): \_\_\_\_\_

Description of the item(s), or service purchased: \_\_\_\_\_

Reason original receipt is not available: \_\_\_\_\_

Give the reason the item(s), or service(s) was purchased: \_\_\_\_\_

The above item(s) were purchased for the sole purpose of the California Association for Bilingual Education (CABE).

*I declare under penalty of perjury that the above is true and accurate.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only		
Entered by:	Date:	Notes: