



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:
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