

Missing Receipt Form

Name:	
Title & School (e.g. Teacher-PCSS):	

Missing Receipt Details	
Date:	
Amount:	
Vendor Name:	
Vendor Address:	
Description of Purchase:	
G/L Code:	
Reason receipt is missing and why you cannot obtain a copy:	

Employee & Supervisor Signatures			
<p>I understand that a Missing Receipt Form may not be completed on a routine basis and that overuse may revoke the privilege of providing a Missing Receipt Form in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source. I understand that violation of this policy may result in disciplinary action, including termination.</p>			
Employee's Signature:		Date:	
Supervisor's Signature:		Date:	
Supervisor's Title:			

Please submit to:
 Accounts Payable, School Board Office
 Phone: 250-505-7052 | Email: accounts.payable@sd8.bc.ca