

## Missing Receipt Form

<b>Name:</b>	
<b>Title &amp; School (e.g. Teacher-PCSS):</b>	

Missing Receipt Details	
<b>Date:</b>	
<b>Amount:</b>	
<b>Vendor Name:</b>	
<b>G/L Code:</b>	
<b>Reason receipt is missing:</b>	
<b>Description of items purchased:</b>	

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>			
<b>Employee's Signature:</b>		<b>Date:</b>	
<b>Supervisor's Signature:</b>		<b>Date:</b>	
<b>Supervisor's Title:</b>			

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