

TRAVEL EXPENSES

OXNARD SCHOOL DISTRICT
CERTIFICATION OF LOST RECEIPT

Oxnard School District stipulates that expenses drawn for any purpose other than the purpose of salaries or wages of school district employees shall be accompanied by an itemized bill showing the separate items and the price of each. In the event of any misplaced itemized receipt, this form must be completed and returned to the Director of Purchasing.

On \_\_\_\_\_ I incurred an expense of \$\_\_\_\_\_ at \_\_\_\_\_
(date) (amount) (place)

for \_\_\_\_\_. This expense was incurred in conjunction with \_\_\_\_\_
(items purchased) (indicate meeting/activity where expense was incurred)

and includes the following guests: \_\_\_\_\_
(must list by name)

The receipt for said expense was lost or destroyed prior to the submittal of my claim. The circumstances of the loss or destruction are as follows:

\_\_\_\_\_

Under penalty of perjury, I hereby certify that I did incur the charges listed above and that they are district expenses that are allowable per Board Policy. I further certify that I have not previously submitted a claim for this expenditure and that, if the lost receipt is subsequently found, I will not use it to submit a future claim. I understand that if my request is denied, I will be responsible for all expenses incurred in this instance.

\_\_\_\_\_(Claimant's Signature) \_\_\_\_\_(Print Name) \_\_\_\_\_(Date)

- I have reviewed this Certification and recommend the request be reimbursed in the amount stated above.
I have reviewed this Certification and recommend the request for reimbursement be denied and the applicant be held responsible for all expenses incurred in this instance.

Comments: \_\_\_\_\_

\_\_\_\_\_(Department Head's Signature) \_\_\_\_\_(Print Name) \_\_\_\_\_(Date)

- I hereby authorize the expense to be reimbursed as recommended above.
I hereby deny the request for reimbursement. The applicant is responsible for all expenses incurred in this instance.

Comments: \_\_\_\_\_

\_\_\_\_\_(Superintendent's or Designee's Signature) \_\_\_\_\_(Print Name) \_\_\_\_\_(Date)