



California Association for Bilingual Education

California Association for Bilingual Education
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<https://www.gocabe.org/>

AFFIDAVIT FOR LOST RECEIPT

This form 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 of Purchase: _____
Merchant or Vendor Name: _____	
Amount of Purchase: _____	
Description of the item(s) or service(s) purchased: _____	
Reason original receipt is not available: _____ _____	
Give the reason the item(s), or service(s) above were purchased: _____	
The above item(s), or service(s) were purchased for the sole purchase 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: _____