



# Snoqualmie Valley

## School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065  
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svds410.org

### Missing Documentation Form

**Auditing standards require original documentation to support all payments for products, services or reimbursements. In the event that an Authorized Purchaser or Staff Member loses a receipt or other original documentation, this form must be completed and signed by the Supervisor, thereby authorizing payment.**

*Incomplete or inaccurate forms may result in the denial of expense or delay of reimbursement(s).*

Purchaser Name: \_\_\_\_\_

School or Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Check all that apply:

I have lost a receipt

I have attached the packing slip with this form

I have made several attempts to secure a receipt by contacting the vendor

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

Vendor/Merchant Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Transaction ID# \_\_\_\_\_

Item(s) Purchased: \_\_\_\_\_

Purpose for Goods or Services: \_\_\_\_\_  
\_\_\_\_\_

***This signed document will be placed on file as a substitute for the original receipt. I understand that repeated incidences of lost receipts constitutes "misuse" of the Procurement Card and may result in increased frequency of reviews by the Business Office or loss of Procurement Card privileges. I understand that by signing this form I have made all attempts to secure a receipt by contacting the vendor.***

\_\_\_\_\_  
Employee (Cardholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Date

Attach ALL other forms of proof of purchase/payment such as credit card statement(s) and cancelled check(s).