## MISSING RECEIPT FORM

l,	, have either not ror misplaced a receipt
totaling \$ This <u>expense ജര</u> ുനെ be	ehalf of Florida ਵਿੱਟਰ ਜ
This form is submitted in lieu of the receipt	
Transaction	Date
Supplier	Amount
List Item(s) Purchased:	
Reason for <u>sicker</u> eceipt	
I <u>which that the amounts shows</u> above were expercertify that the claimed <u>expenses</u> comply with the contributions of the contributions	nded for Tന് business purposes. If charged to a grant or contract, I conditions of the grant or contract.
Cardholder	Date
Supervisor <u>နှင့်အသူ မျာဇ</u>	Date
Print Supervisor Name	