



Community College Association Member Expense Statement Attachment

Report of Missing Receipt

Complete a copy of this form for each missing receipt. Alternate verification of the expense such as a credit card statement, bank record, or itemized hotel bill must be attached.

Name (Last, First, MI)

Date of expenditure

Event

Name and address of vendor or merchant

Amount of Expenditure

Paid By (check one)

Personal check, debit or cash

Personal credit card

Item Category:

	Meal	Hotel	Parking	Shuttle	Plane	Postage	Other
					<input type="radio"/>		

Receipt not available because:

Member must submit alternate verification with this form.

Signature

Approval

Date:

Date: