

DECLARATION OF LOST EVIDENCE THAT A PAYMENT WAS MADE
ON BEHALF OF THE MENDOCINO COUNTY 4-H COUNCIL

*Instructions: Copy this form as needed. Attach completed form to Travel
Expense Voucher in place of a lost receipt.*

I, _____, declare that:
(Name of declarant)

1. I disbursed my personal monies on behalf of The Mendocino County
4-H Council as follows:

Date: _____ Amount paid: _____

Vendor name: _____

Vendor address: _____

Description of the supplies or services purchased: _____

Purpose for which the supplies or services were purchased: _____

2. I lost the positive evidence (a receipt on which the word "Paid" appears)
that this payment was made. The facts of such loss insofar as known to
me are as follows: _____

3. Based on the foregoing declaration I hereby request that The Mendocino
County 4-H Council reimburse me for this disbursement of my
personal monies.

I declare under penalty of perjury under the laws of the State of
California that the foregoing is true and correct.

Date: _____ City and State: _____

Signature of declarant: _____

Mailing address of declarant: _____

Approval: _____

Date: _____