



REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan – McLean Counties

MISSING ORIGINAL RECEIPT FORM

Date

MISSING RECEIPT INFORMATION

Transaction ID: _____ Trans. Date: _____

Vendor Name: _____ Post Date: _____

Amount: _____

Purchase Description:

Provide details regarding the efforts made to obtain a copy of the original receipt from the vendor and/or bank:

SIGNATURES

Requested By:

Name (*print*): _____ **Date:** _____ **Signature:** _____

Superintendent Approval:

Name (*print*): _____ **Date:** _____ **Signature:** _____

Send the original, signed form to Accounts Payable along with a completed purchase order. The Regional Superintendent and/or Assistant Regional Superintendent reserve the right to refuse Missing Original Receipt Form.