



**CITY OF SAN RAFAEL  
LOST RECEIPT AFFIDAVIT**

This is to certify that on \_\_\_\_\_ 20\_\_\_\_\_

I paid the sum of \$ \_\_\_\_\_

Purpose \_\_\_\_\_

Vendor's Name \_\_\_\_\_

ITEMS	COST
_____	_____
_____	_____
_____	_____

TOTAL COST \_\_\_\_\_

I further certify that the itemized receipt for this payment has been lost or was not received from the vendor and that this statement is given in lieu of that itemized transaction. I also certify that the credit card statement transactions represent legitimate expenses incurred solely for the benefit of the City of San Rafael.

PRINTED CARDHOLDER NAME \_\_\_\_\_

PRINTED CARDHOLDER SIGNATURE \_\_\_\_\_

DIRECTOR NAME \_\_\_\_\_

DIRECTOR SIGNATURE \_\_\_\_\_

\*THIS SIGNED DOCUMENT MUST BE ATTACHED TO THE CREDIT CARD STATEMENT.  
\*IF MORE THAN 3 RECEIPTS ARE LOST IN A YEAR THE CARDHOLDER WILL BE SUBJECT TO CREDIT CARD REMOVAL.

REVIEWED BY FINANCE \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_