



TEHAMA COUNTY DEPARTMENT OF EDUCATION
Missing Receipt Form

Cardholder must fill out the form below:

Date of Purchase/Service _____

Vendor Name _____

Description of Purchase _____

Quantity Purchased _____

Dollar Amount _____

Steps Taken to Obtain Duplicate
Receipt/Invoice _____

Reason You Were Unable to
Obtain Receipt/Invoice _____

Repeated lost receipts may result in loss of CAL-Card privileges.

Date _____

Cardholder Signature _____

CAL-Card Administrator Signature _____