



Missing Receipt Affidavit

(not for P-Card purchases without a receipt)

State of: Oklahoma
County of: Oklahoma

Affidavit of Claim

I, the undersigned, an employee of Oklahoma City Public Schools and being of lawful age, do hereby affirm under oath that the information provided in this claim is true and correct. I further state that the expenses listed below were incurred for the goods and/or services described and were solely for the benefit of the Oklahoma City Public School District.

I understand that if this payment request is found to be for purposes other than those stated, I may be subject to disciplinary action, up to and including termination of employment.

Amount: _____

Payee Name (Vendor): _____

Description of Charge: _____

Signature Claimee

Date

Signature of OKCPS CFO

Date