



# MUNICIPAL DISTRICT OF GREENVIEW

## Lost Receipt Declaration Form

**RE: Original Receipt** (Note: Fill out one form per lost receipt. This form is not meant to replace obtaining receipts)

I, \_\_\_\_\_, hereby declare that I have lost or accidentally destroyed the original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source. We require you attach proof of payment other than a receipt such as bank statement or credit card statements to validate the purchases being claimed. Any cash payments without validation would be ineligible for re-imbursement.

Vendor Name: \_\_\_\_\_  
(Name of store, hotel, airline, restaurant, etc.)

Date of Purchase: \_\_\_\_\_

Amount of Purchase: \_\_\_\_\_

Description of goods/services purchased: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Claimant

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD Representative Signature

The personal information on this form is collected under the authority of s33(c) and s39(1)(a)(b)(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information is required for the purpose of carrying out an operating program or activity of Greenview, the **Reimbursement Services**. If you have any questions about the collection, use or disclosure of your personal information, please contact Greenview's FOIP Coordinator at 780-524-7600 or [foip@mdgreenview.ab.ca](mailto:foip@mdgreenview.ab.ca).