

Region 2 of Overeaters Anonymous, Inc.  
4733 Torrance Blvd - PMB 335, Torrance, CA 90503

## Missing Receipt Affidavit

Use Ink only

Prepare a separate report for each Board or Committee activity charged.

DATE: _____
Check ONE: ____BOT _____Committee (Name: _____)
Claimant's Name: _____
Address: _____ City: _____ State: _____ Zip/Postal Code: _____

For travel expenses, indicate the destination, and arrival and departure dates. Under "Category", list the following area (if applicable): office supplies, transportation, hotel, meals, telephone, postage, duplication/ printing, other (brief description). A separate form must be used for each missing receipt.

Category	Date	Purpose & General Description	Amount

Please provide an in-depth explanation for why the receipt is missing.
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**I attest to the fact that this expense was incurred in the service of OA.**

Signature: \_\_\_\_\_