

**CONTRA COSTA WATER DISTRICT**

**BUSINESS EXPENSE VOUCHER FOR NON-RECEIPTED EXPENDITURES**

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Position: \_\_\_\_\_

| Date   | Location | Purpose and Reason for no Receipt | Amount |
|--------|----------|-----------------------------------|--------|
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
|        |          |                                   |        |
| TOTAL: |          |                                   |        |

I hereby certify that this expense voucher represents the actual non-receipt expense(s) incurred while conducting official District business.

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)