



Tsunami Enterprises

A Non-Profit Organization

P.O. Box 608

Ukiah, CA 95482

Phone: 707.463.2546

Or: 707.462.6023

Fax: 707.462.6235

MISSING RECEIPT(S) FORM

Client Name: _____

Check#: _____

Check Date: _____

Ck Amount: _____

It is the policy of Tsunami Enterprises, in accordance with SSA Payee Guidelines, to require receipts for major purchases. As of the date and signature of this form, you acknowledge receipt of check# _____. After repeated requests for a receipt for said check, it has been determined you are unable to provide a receipt(s) for purchases made with these funds. By signing this form, you acknowledge an understanding of this policy. Future requests may be denied based on an ongoing unwillingness, inability, or refusal to provide receipts for major purchase requests.

Client Remarks / Description: _____

Date: _____

Client Signature: _____

*** For Tsunami Enterprises use only ***

Rep Payee: _____

Posted Date: _____