

AFFIDAVIT OF LOST RECEIPT

I hereby report that I have lost the receipt, or have been unable to secure a receipt for the Auburn School District No. 408 credit card purchase identified below:

Check all that apply:	
I have attached the packing	ots to secure a receipt by contacting the vendor. slip with this form. the product packaging (box flap, etc.) to this form
Date of Purchase:	
Account Code:	
Merchant:	
Amount of Purchase:	
Item(s) Purchased:	
Additional Comments:	

This signed document will be placed on file as a substitute for the original receipt. I understand that repeated incidences of lost receipts constitutes "misuse" of the credit card and may result in loss of credit card privileges.

Staff Signature:	Date:
Principal/Administrator Signature:	Date: