

Victor Valley Union High School District

**AFFIDAVIT FOR LOST RECEIPT**

This affidavit for Lost Receipt is for **special circumstances and occasional use only**, i.e., when no receipt is issued or the official receipt is lost. Incessant use of this form may require approval of the Superintendent, Assistant Superintendent of Business or designee.

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

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

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

Who purchase was for: \_\_\_\_\_

What was purchased? \_\_\_\_\_

Why did the item(s) get charged? \_\_\_\_\_

Reason original receipt is not available: \_\_\_\_\_

The above items were purchased for the sole purpose of Victor Valley Union High School District.

***\*Use of the Affidavit for Lost Receipt Form more than three (3) times within a six (6) month period will result in the suspension/closure of cardholders CAL-Card.***

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Approving Official