Affidavit of Lost Receipt

I certify that I, _____, purchased the indicated items below:

_____

_____

_____

In the amount of $ _____, as district authorized purchases as indicate on the attached invoice and/or statement.

Vendor Name:

Date of Purchase:

Items were purchase for the following reason(s):

_____

_____

_____

Date: _____

Signature of Claimant: _____

Signature of Claimant Supervisor: _____