



NORTH THURSTON PUBLIC SCHOOLS
305 College Street NE
Lacey, Washington 98506-5390

AFFIDAVIT OF LOST OR DESTROYED RECEIPT

AFFIDAVIT

Employee Name _____

Department/Location _____

Acct. Number _____

I allege on oath, which the original receipt for the transaction dated _____ in the amount of (\$.) from _____ (vendor) has been lost or destroyed. **The vendor has been contacted and is not able to provide the North Thurston Public Schools with a duplicate receipt for the above referenced purchase.** Please accept the below detail of the transaction in lieu of an itemized receipt for this transaction. *I understand that falsification of the itemization of this purchase constitutes an act of fraud.*

Item Purchased (Must be detailed)	Amount

Please list each item on a separate line. Use a supplemental sheet if necessary.

Cardholder Signature _____

Budget Administrator Signature _____

Director Financial Svc Signature _____