Upper Lake Unified School District

District Business Office, Michael Kauble – Chief Business Official

LOST RECEIPT AFFIDAVIT

BASIC INFORMATION	
Name	Date
Position	Phone Number (Personal)
Email Address	Total Amount Claimed

Please list the reported amounts below in detail

RECEIPT #1	
Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

RECEIPT #2	
Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

RECEIPT #3	
Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

Please Sign Side Two

RECEIPT #4

Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

RECEIPT #5

Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

RECEIPT #6

Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

RECEIPT #7

Business Name	Date
Purpose of Purchase	Amount Claimed
Notes	

By signing this document, I affirm that all of the information contained within is true and correct and that no original receipt contained any amounts for alcohol, tobacco, or other prohibited items. Furthermore, I understand that it is my responsibility to collect, retain, and submit receipts for each purchase made for school or district purposes. Finally, repeated failure to produce receipts for purchases may result in non-reimbursement, inability to purchase on behalf of the school or district, or disciplinary actions.

_____ _____

Signature Date