North Thurston Public Schools
305 College St NE
Lacey, WA 98516

AFFIDAVIT OF LOST OR DESTROYED RECEIPT

Employee Name _____

Department/Location _____

Budget Code _____

TRANSACTION INFORMATION

Vendor _____

Transaction Date _____ Transaction Amount (*auto fills from list below*) **$0.00**

I allege on oath, that the original receipt for this transaction has been lost or destroyed. The vendor has been contacted and is not able to provide 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.

Please list each item and the amount on a separate line. Use second page if necessary.

Itemized Description	Amount

Cardholder Signature _____

Budget Admin Signature _____

Director Financial Services
Only if Budget Admin is the Cardholder _____

Continuation of itemized descriptions if needed

Description	Amount