

## **AFFIDAVIT OF LOST RECEIPT**

I hereby report that I have lost the receipt, or have been unable to secure a receipt for the Auburn School District No. 408 credit card purchase identified below:

Check all that apply:	
I have attached the packing	ots to secure a receipt by contacting the vendor.  g slip with this form.  f the product packaging (box flap, etc.) to this form.
Date of Purchase:	
Account Code:	
Merchant:	
Amount of Purchase:	
Item(s) Purchased:	
Additional Comments:	
	ed on file as a substitute for the original receipt. I ses of lost receipts constitutes "misuse" of the of credit card privileges.
Staff Signature:	Date:

Date:

Date:

Deputy Superintendent Signature:

Auditing Officer Signature: