

LOST RECEIPT FORM

Receipt Information: (To be completed by the Bookkeeper)

Date of Receipt Issued: _____

Receipt Number: _____

Total Amount of Receipt: _____

Receipt Issued to Name: _____

Purpose for the Receipt: _____

I hereby certify that the original receipt was lost, accidentally destroyed and that the information detailed above is complete and accurate. I further declare that I have not or will not use the missing receipt (white copy) to claim reimbursement at a future date:

Claimant:

PRINT NAME

SIGNATURE

Approval by Bookkeeper: _____

School Check Number of Refund:

Please attach a copy of the receipt issued from the receipt book.