

Colusa Unified School District

Affidavit for Lost Receipt

In signing below, I, _____ am confirming that I do not have an itemized receipt for the expense incurred:

Vendor's Name _____

To the best of my knowledge, these Items were purchased:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost	\$ _____

I further certify that the itemized receipt for this payment has been lost or was not received from the vendor and every effort has been made to obtain an itemized receipt from the vendor. I also certify that no alcoholic beverages or tobacco products were purchased.

Claimant Signature _____

Supervisor's Signature _____