

**Affidavit of Lost Receipt**

I certify that I, \_\_\_\_\_, purchased the indicated items below:

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In the amount of \$ \_\_\_\_\_, as district authorized purchases as indicate on the attached invoice and/or statement.

Vendor Name:

Date of Purchase:

Items were purchase for the following reason(s):

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Date: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Signature of Claimant Supervisor: \_\_\_\_\_