

**Walla Walla School District
Lost Receipt Form**

I, _____, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described herein and that the claim is a just, due, and unpaid obligation against Walla Walla School District No. 140 and that I am authorized to authenticate and certify to said claim, and that I have either

lost or,

was unable to acquire

a receipt for item(s) shown and have exhausted all reasonable efforts to find or obtain the receipt.

Vendor Name: _____

Vendor Address: _____

Vendor City/State/Zip: _____

Vendor Telephone: _____

Date of Expenditure: _____

Total Amount Paid to Vendor: _____

Budget Number: _____

Itemization/Description of goods/services procured:

Employee/Claimant's Signature: _____ Date: _____

Building/Department Name: _____

Administrator Signature: _____ Date: _____