BIGGS UNIFIED SCHOOL DISTRICT
300 B STREET, BIGGS, CA 95917-9732

Missing Receipt Form

Name: _____ Date: _____

Vendor Details	Purpose	Amount

Total $ _____

This is to certify that the itemized receipt for this payment has been lost or was not received from the vendor and that this statement is given in lieu of that itemized receipt above to obtain reimbursement. **A copy of your Debit or Credit Card Statement must accompany this Lost Receipt Affidavit**. I also certify that no alcohol beverages or tobacco products and/or gift cards/gift certificates were purchased.

Signed _____

Printed Name: _____

Approved by: _____
(Principal/Supervisor)

Funding Source:

Fund	Resource	Year	Object	Goal	Function	Site	Manager	Local
		0						