



Vashon Island School District #402

LOST RECEIPT FORM

AFFIDAVIT IN LIEU OF A RECEIPT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

"I state that the following expense is just, true, and correct; that the sums charged were actually disbursed by me in the performance of official duties for the Vashon Island School District #402, but that no receipts were secured by me as required by the State Auditor. I certify that I have not received reimbursement for this expense from any other organization. This affidavit is made for the purpose of ensuring that proper reimbursement is made in accordance with Washington State guidelines."

DATE	DESCRIPTION/PURPOSE	AMOUNT	NAME OF BUSINESS

Signature

Witnessed this _____ day of _____, 20_____

Witness Signature