



WSD ASB: Affidavit of Lost Receipts

Building: WHS | WJH | MES | SME | MSSE

Today's Date: / /

I hereby certify that I made the following listed charges on behalf of the Wahluke School District. I had pre-authorization to do so, and the original receipts have been misplaced or destroyed.

Charge Card #: _____

PO#: _____

Vendor: _____

DATE: _____

Amount: _____

Itemized Description of purchase (what was purchased/Paid):

Detailed Purpose of purchase (*exp. if training/conf. registration, please write the title, when, where and for who*):

Signature and Print (person responsible for receipt)

Date

Signature of Supervisor and Print

(*supervisor of the person responsible for the receipt*)

Date

Budget Code