

EL TEJON UNIFIED SCHOOL DISTRICT
District Credit Card Missing Receipt Form

Name on Credit Card: _____

I, _____, certify that this charge is valid and I do not have the receipt due to the following:

LOST: _____

STOLEN: _____

DAMAGED: _____

Vendor _____

Amount of charge: _____

Date of charge: _____

Reason for purchase: _____

Funding Source: _____

Employee Signature

Chief Business Official

DATE