

815 21st Street SE • Puyallup, WA 98372 Phone: (253) 841-1776 Fax: (253) 841-2232

## **Lost or Unavailable Receipt Form**

(Use this form if you are unable to provide an original receipt)

Purchaser's Name:		Today's Date:
Indicate your campus:		
☐ District Office ☐ Junior	High/High School ☐ Puyallu	p Elementary 🔲 Puyallup ELC
☐ Frederickson Elementary	☐ Frederickson ELC ☐ Tac	coma Elementary 🔲 Tacoma ELC
EXPENSE DETAIL:		
Amount:		
Merchant Name:		(e.g., restaurant)
Participant(s):		
Transaction Date:		<u> </u>
Location of Expenses	:	<del></del>
General Ledger Account No.:		
	(example: xxxx-xx-xxx)	<u> </u>
Describe business purpose	e for expense:	
Describe reasonable efforts	s to obtain copy of the receipt	:
Approval signatures for pa	yment:	
Purchaser's Signature:		Date:
Administrator's Signature		Date: