



# West Linn-Wilsonville School District 3Jt

ADMINISTRATION BUILDING  
22210 SW Stafford Rd, Tualatin OR 97062  
Phone 503-673-7000 Fax 503-673-7001

## Missing Receipt Documentation

**Subject:** Documentation of Lost, Stolen or Missing Receipt.

I, \_\_\_\_\_, hereby certify that I did purchase the following item(s) at:

\_\_\_\_\_  
Vendor name, address and phone number

<u>Item Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Extended Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Grand Total</b>			_____

I hereby certify that the following circumstances resulted in my lost or missing receipt(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Building: \_\_\_\_\_

**Business Manager:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_