



## ***Fullerton Joint Union High School District***

*Business Services  
1051 W. Bastanchury Road,  
Fullerton, CA 92833-2247  
(714) 870-2817*

### **LOST RECEIPT REPORT**

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

Amount: \_\_\_\_\_ Site: \_\_\_\_\_

Vendor/PO/RFP: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Items Purchased:	_____	Price: _____	Qty: _____	Total: \$ _____
	_____	Price: _____	Qty: _____	Total: \$ _____
	_____	Price: _____	Qty: _____	Total: \$ _____
	_____	Price: _____	Qty: _____	Total: \$ _____
	_____	Price: _____	Qty: _____	Total: \$ _____
	_____	Price: _____	Qty: _____	Total: \$ _____

***I HEREBY CERTIFY THAT THE REIMBURSEMENT INFORMATION LISTED ABOVE IS TRUE AND CORRECT***

Employee Signature: \_\_\_\_\_  
Signature Date

Please mail check to: \_\_\_\_\_

**APPROVAL:**

Principal/Division Head: \_\_\_\_\_  
Signature Date

***Please print a copy for your files***