



Butte Falls School District #91

P.O. Box 228 • 720 Laurel Avenue • Butte Falls, OR 97522

(541) 865-3563 • fax (541) 865-3217

Accredited by Northwest Accreditation Commission

Documentation of Lost, Stolen or Missing Receipt.

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

Vendor Name: _____

Vendor Address: _____

Item Description(s) and Amount(s):

Total: \$ _____

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

Signature: _____

Date: _____

Print Name: _____

Supervisor:

Signature: _____

Date: _____

Business Manager:

Signature: _____

Date: _____