



School District of Springfield R-12

CARDHOLDER LOST RECEIPT AFFIDAVIT

CARDHOLDER NAME: _____ DEPARTMENT _____

Date of Purchase	Vendor	Item Description	Amount Charged
TOTAL AUTHORIZED FOR PAYMENT			\$

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THIS AFFIDAVIT FOR THE ITEMS INCLUDED HEREIN FOR PAYMENT ARE CORRECT AND JUST IN ALL RESPECTS.

CARDHOLDER SIGNATURE

SCHOOL/DEPARTMENT ADMINISTRATOR

DATE

DATE