



# 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