



Raymore-Peculiar School District

Cardholder Lost Receipt Non Itemized Receipt Form

Cardholder Name: _____ Department _____

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

List each item purchased separately. Do not combine multiple receipts on one form.

By signing below, I certify that the above goods/services were purchased via Raymore-Peculiar Purchasing Card in my name and that the goods/services were for official Raymore-Peculiar business. I understand that excessive lost receipts may result in revocation of my Purchasing Card.

Cardholder Signature

School/Department Administrator

Date

Date