# GAYHEAD ELEMENTARY SCHOOL PTA
# LOST RECEIPT FORM

Requested by: _____

Committee: _____

Committee Chairperson Signature: _____

Date: _____

## *** DETAIL OF ITEMS ON LOST RECEIPT ***

| DATE PURCHASED | DETAILED DESCRIPTION BY ITEM | AMOUNT |
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PLEASE ATTACH THIS FORM TO THE EXPENSE VOUCHER. THANKS!

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NOTES: