



Lost Receipt Form  
North Georgia Knitting Guild

Merchant Name \_\_\_\_\_

Merchant Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Merchant Phone Number \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Total Amount of Reimbursement \_\_\_\_\_

List Item(s) Purchased (use reverse of form, if needed)

Item	Unit Price	Total Price

Total Sales Tax \_\_\_\_\_

I attest that the purchase above was made on behalf of and for the sole use of North Georgia Knitting Guild.

Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Date of NGKG Board Approval \_\_\_\_\_