



Lost Receipt Form

(Must Be Accompanied By Expense Reimbursement Form)

Merchant Name: _____

Merchant Address: _____

City, State, Zip: _____

Merchant Phone: _____

Date of Purchase: _____

Total Amount of Reimbursement: _____

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

Item	Number of Items	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: _____ Date: _____

Print Name: _____

Date of NGKG Board Approval: _____

Received by Treasurer: _____ Date: _____