



13 North Park Street  
Cuba, New York 14727  
(585)-968-2347

LOST / NO RECEIPT FORM

Purchaser: \_\_\_\_\_

Title: \_\_\_\_\_

I hereby certify that I incurred the following expenses:

1. No receipt was given or the receipt was lost.
2. These expenses were incurred in the conduct of church business.
3. I have made no previous claims for these expenses.

Date \_\_\_\_\_

Vendor \_\_\_\_\_

Amount \_\_\_\_\_

Method of Payment \_\_\_\_\_

Description of charge:

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Signature \_\_\_\_\_