



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT  
FISCAL SERVICES – ACCOUNTS PAYABLE

**LOST RECEIPT MEMO**

Date: \_\_\_\_\_

From: \_\_\_\_\_

Department: \_\_\_\_\_

<b>Credit Card Reference Information</b>	
Credit Card #:	_____
Date of Purchase:	_____
Vendor Name:	_____
Vendor Address:	_____

<b>Qty</b>	<b>Description of item(s) purchased</b>	<b>Unit Price</b>	<b>Extended Price</b>
		<b>TAX</b>	
		<b>SHIPPING</b>	
		<b>TOTAL</b>	

Please accept this memo in the absence of the original receipt as evidence of a purchase for school district purposes in accordance with the California Education Code.

\_\_\_\_\_  
Card User's Signature

\_\_\_\_\_  
VP/Dean/Director