



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT  
FISCAL SERVICES – ACCOUNTS PAYABLE

**LOST RECEIPT MEMO**

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

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

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

**Credit Card Reference Information**

Credit Card #: \_\_\_\_\_

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

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Qty	Description of item(s) purchased	Unit Price	Extended Price
		<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