Lost Receipt Memo (Must be attached to SPF Check Request)

	Date of Purchase			
	Vendor Name			
	Vendor Address			
	City, State, Zip			
Qt	y Descri	Description of Item Purchased		Total Price
			Tax	
			Shipping	
			Total	
Foundation	and the original receipt	sted amount in authorized expense were lost. I am requesting rein expense by any other party.		
Recipient		Date		