No Receipt Form

Date of Purchase: Purchaser:

Purchase Amount Vendor:

Form of Purchase: □ STJCA Credit Card_____ □ STJCA check #_____

□ Personal reimbursable expense □ Other_____

Describe item(s) purchased:

Item(s) Purchased	Amount

$_____

Reason for Purchase:

_____

_____

_____

Reason for missing the receipt:

_____

I certify that I made the above purchase on behalf of St. Johns Classical Academy, and that I have lost or misplaced my receipt. I understand that I will not be reimbursed any mileage or out-of-pocket expenses until I have satisfied all outstanding 'No Receipt Forms".

_____ _____

Signature Date