



Parent CORPS Affidavit of Loss

Date Submitted: _____

Event or Committee Name: _____

Requested By (Please Print): _____

Contact Telephone Number: _____

Make Check Payable To: _____

Address (if mailed): _____

c/o Grade/Room #: _____

Expense description for which proof of purchase is missing:

Date	Place of Purchase	Items Purchased	Amount
Total of Requested Reimbursement:			

YOU MUST SIGN TO RECEIVE REIMBURSEMENT

While making a purchase on behalf of Assumption's Parent CORPS, I incurred the expense(s) above. I have lost, misplaced, or did not receive a receipt for documenting payment. I am submitting this form in lieu of the missing receipt(s). I certify that this is a proper charge incurred while conducting proper APC business.

Signature: _____ Date: _____

Approved by: _____ Approved by: _____
(Committee Chairperson) (President)

Check #: _____ Date: _____ Budget Charged: _____

RETURN FORM TO: Tom Ludwick, Treasurer (tomludwick04@gmail.com)