

Declaration of Lost Invoice

Name:	Today's Date:
Amount of Purchase:	Item Purchased:
Date of Purchase:	
<p>I declare as an authorized buyer for the City of Port Townsend that I purchased the goods or services listed on this form, and that the invoice or receipt has been lost, destroyed or never received.</p> <p>I further swear that the goods or services were received and used for the benefit of the City of Port Townsend.</p>	
_____ Signature of Employee:	
_____ Name of Supervisor:	_____ Signature of Supervisor: