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| Earlham College | | Accounting Office |
| Lost Receipt Form | | |
| Check one: _____ Lost Receipt _____ Receipt Not Given | | |
| Vendor Name: | | |
| Purchase Date: | Account Number: | Amount: |
| Goods/services purchased: | | |
| Reason for purchase: | | |
| For College Credit Card Purchases: My signature certifies that I made this purchase on my Earlham College MasterCard for a qualified business expense as noted above. | | |
| Signature: | | Date: |

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