

Alachua County Public Schools  
Business Services Department

**Activities Accounts**  
**Affidavit of Loss**

School \_\_\_\_\_ Date \_\_\_\_\_

Class, Club, Dept., etc. \_\_\_\_\_

Event: \_\_\_\_\_ Other \_\_\_\_\_

Record of items issued to \_\_\_\_\_ Student   
Teacher

<b>Dates of Issue</b>	<b>Description</b>	<b>Number Issued</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Issued		_____

Number reported sold or used \_\_\_\_\_  
Number items returned \_\_\_\_\_  
Total accounted for (attach detail if necessary) \_\_\_\_\_  
Balance unaccounted for \_\_\_\_\_

**STATEMENT:**

*I acknowledge the above as an accurate record of the said items issued into my custody, and the following is my explanation of this discrepancy; OR, if loss is not in fund raising merchandise, following is my explanation of this loss and how it occurred:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Reviewed by:

\_\_\_\_\_  
Signature of employee in charge of distribution

\_\_\_\_\_  
Signature of Principal