

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

Dates of Issue	Description	Number Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
		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