

LOST AND DAMAGE CHARGE FORM

FORMS AVAILABLE IN OFFICE

Student's Name _____ Grade _____ Date _____

Author and Title of Book _____

Publisher _____ Book # _____

Amount of Charges _____ Lost

Teacher _____ Damages

NOTE: Please have student present this signed receipt to assure you that this bill has been paid.

FOR OFFICE USE ONLY

PAID \$ _____ DATE _____ SIGNED _____

TITLE OF BOOK _____ BOOK # _____

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