



RECEIPT FORM

Attach Receipt Here

All deposits must be made through the accounting department; (cash back from a return/tax charge, payments from another site). Bring funds to the office within 2 days of receiving them; they will be deposited immediately.

Vendor _____
Description _____
Check # _____ Amount \$ _____ Date _____

<input type="checkbox"/> Purchase over \$200
____ Program Manager's Initials