

Receipt Attachment Sheet

Date:

Employee Name:

Department:

| # | Receipt Date | Vendor Name | Purpose/Description | Amount | Receipt Attached |
|---|----------------------|----------------------|----------------------|----------------------|--------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____