

# Receipt Attachment Sheet

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_