

Receipts Attachment Sheet

Prepared By: _____

Department: _____

Date: _____

Purpose/Project: _____

No.	Date	Vendor/Payee	Description	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
				Total _____

Prepared By:

Verified/Approved By:

Important Notes:

- Attach original receipts in order and ensure they are legible.
- All fields must be completed before submission for processing.
- Incorrect or missing information may delay reimbursement.
- Retain a copy for your records prior to submission.