

Receipt Attachment Format

Document Ref. No: _____

Date: _____

Prepared By: _____

Department: _____

Purpose: _____

ATTACHMENT LIST

No.	Receipt Name/No.	Date	Amount	Remarks
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
Total		_____	_____	_____

IMPORTANT NOTES

- Ensure all receipts are genuine, legible, and attached in order as listed above.
- Incomplete or missing receipts may result in delayed processing or rejection.
- Amounts claimed must match actual receipts, with no alterations.
- Obtain appropriate approvals and signatures as required by your organization.
- Retain copies for your records before submission.