

SUBSTITUTE RECEIPT FORM

Individuals Name: _____

Telephone number: _____

This form should be used if an itemized receipt/invoice is not available. Include reason for lack of documentation in the Details section. **BOTH THE DEPARTMENT CHIEF/TREASURER AND INDIVIDUAL MUST SIGN BELOW**. Turn this form into the department treasurer to be included in that month's documentation.

DETAILS:

INCLUDE VENDOR NAME, DATE OF PURCHASE, ITEMIZED LIST OF ITEMS PURCHASED AND COST, FORM OF PAYMENT, AND THE REASON FOR THE MISSING RECEIPT.

Please sign and date after completing and printing the form.

INDIVIDUAL SIGNATURE _____ DATE _____

Chief or Treasurer's signature is required.

SIGNATURE _____ DATE _____