

Receipt #: _____

Insert receipt here
(If using tape, don't place it over any words.)

Vendor: _____
Date of receipt: _____
Payment Method: _____
Card # (if applicable; the last four digits): _____

***Receipts must be itemized, show zero balance due, payment method and date of purchase. If such requirements are unable to be achieved, please complete and submit the Clarify Line Items Form (CLIF).**