

E L I J A H R I S I N G

REPLACEMENT RECEIPT FORM

This form is to be used ONLY if the actual receipt, invoice, or internet order form is not available. It will be allowed only in extenuating circumstances. It must be filled out COMPLETELY and signed by the Employee's Supervisor.

Employee and Transaction Information

Employee Name: _____
Vendor Name: _____ Purchase Date: _____
Vendor Location: _____ Vendor Phone: _____
Explanation of why receipt is unavailable: _____

Description of Purchase (List Items and Quantities)

Description	Quantity	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	_____

Purpose: _____

(Attach additional pages if necessary)

EMPLOYEE: By signing below, I certify that the above purchase was made for official Elijah Rising business only.

Signature: _____ Date: _____

SUPERVISOR: By signing this form, I agree that the above purchase was for business purposes. The Employee was reminded that the vendor receipts are required for all Elijah Rising purchases.

Name: _____ Title: _____

Signature: _____ Date: _____