



Elijah Rising Missing Receipt Form

Please accept this statement in lieu of the original receipt:

Amount: \$ _____ Date of Purchase: _____

Vendor: _____

Description of Goods/Services: _____

Allocated to which Program(s): _____

Client Number(s): _____

I understand that Elijah Rising requires original receipts to help ensure all purchases are proper and in compliance with tax, audit, legal and other regulatory requirements. A duplicate of the original receipt has been pursued and is not available. Multiple instances of missing receipts can result in credit card being revoked.

(Print name of Employee)

(Signature of Employee)

Printed name and signature of Executive Director to approve:

(Print name of Executive Director)

(Signature of Executive Director)

Date: _____