AREA L.E.G.S. - LAKE ERIE GENERAL SERVICES®

RECEIPTS REPORT FORM

NAME:

DATE: _____ AMOUNT RECEIVED _____ CHECK # _____

Date of Purchase	Items Purchased	Receipt Number	Amount of Purchase	Balance Forward

• Receipts must be numbered #l, #2, #3, etc. {Please write number on receipt and this form)

Please give brief description of items purchased: ie, one {1) color ink cartridge, two (2) notebooks, fifty copies, etc • (50) copies, etc.

Attach Receipts to form •

SUBMITTED BY:

DATE FORM AND RECEIPTS TURNED IN: