



Receipt Acknowledgement

CFM18-007

Location: _____ Date of Issue: _____

Type of Receipt: ☐ Incentive ☐ Recreation ☐ Other Description: _____

Requestor of Item/Trip: _____ Total Value of Items Issued: _____
Employee Name*

Vendor Name(s): _____

Please sign below for receipt of goods or attendance of a trip. By signing below you are stating you received goods described or attended trip described. If the value of the goods or service purchased cannot be segregated by employee or student – OR - the value is under twenty (20) dollars - AND - is not gift cards or cash: Two (2) staff must sign acknowledging receipt of goods or services were used as described.

Item(s) Received	Printed Name	Signatures	Student ID (if applicable)	\$ Value Received
			Total Value	\$

*For Employees: All incentive items awarded will be tracked and when required will be treated as reportable income and added to year-end W-2 as required by Federal and State Regulations.

Staff Signature

Date

Print Staff Name and Title

Modified 6/10/2020