

SAFE
Receipt Identification and Verification Form
2018-2019

Site _____ Date _____

Vendor Name _____

Amount of Purchase _____

Description of purchase and instructional use:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Site Coordinator

Date

PLEASE ATTACH RECEIPT TO THIS FORM