



OFFICE OF
PROCUREMENT
SERVICES

Req. # _____

RECEIPT FORM
Guest of State or Student

Date: _____ Organization Name: _____

Pay to: _____ T#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For: Reimbursement for miscellaneous small expenditures, as follows:

Date	Description of Items Purchased	Amount
(Attach itemized receipts) TOTAL		

I hereby certify that the amounts set out herein were legal obligations of the University of Arkansas at Little Rock and were paid from personal funds.

Signature of Payee (required)

Date

A Banner requisition must be completed and then a copy of paid, itemized receipts must be submitted along with this form to Procurement Services. A copy should be retained in the department. If you have any questions or need assistance, please contact Procurement Services at 501-569-3144.