West Central Minnesota Communities Action HEAD START

Receipt Cover Sheet

Attach Receipt Here

Please print or sign names legibly under "Purchased By" and "Received By." The name must be written by the person who completed each step.

Purchased by: _____

Received by: _____

Date Received: _____

Please check the account(s) that apply to this purchase. If more than one account is used, providing totals for each category is *greatly appreciated* to help with invoice processing.

☐ Child & Adult Food: $_____

☐ Kitchen Supplies: $_____

☐ Classroom Supplies: $_____

☐ Parent Activity: $_____

☐ Dental Supplies: $_____

☐ Other: $_____