

MHA, INC.
ATM PURCHASES



FOR FISCAL USE ONLY	
Account	Amount \$
65000	
67010	
67040	

PROGRAM NAME: _____

EMPLOYEE MAKING PURCHASE: _____

DATE OF PURCHASE: _____

SUPERVISOR'S APPROVAL: _____

(If the supervisor does the shopping, the Program Director or Director must approve.)

NOTATE ALL TAXABLE ITEMS WITH A "T".

STAPLE TRANSACTION RECEIPT AS WELL AS FOOD PURCHASES RECEIPT.
(DO NOT TAPE OVER INK AS IT DISSOLVES INK)