St. Clair County Community Mental Health
Receipt Exception

According to St. Clair County Community Mental Health's (SCCCMH) Policy <u>#07-001-0005 Board Fiscal Responsibilities</u>, it is a requirement to provide receipts for all purchases made using a company card/funds. However, there may occasionally be circumstances where a receipt is unavailable due to loss or the nature of the transaction. In those instances, this form should be completed by the employee who made the purchase and submitted in lieu of a receipt.

This form must be filled out in its entirety and signed by the employee/cardholder and their supervisor, then forwarded to the Finance Department and/or Chief Financial Officer (CFO).

Employee/Cardholder:		Department:		
Date of Purchase:				
Amount:				
Vendor:				
Description of Purchase:				
Method of Payment:	Check	Credit Card		
Reason for Exception: \Box Lost	🗌 None Given	Fraud		
GL Code: By signing this form, I certify that the a		was made for SCCCMH rela	ted business only:	
Employee/Cardholder Signature		Name	Date	
Supervisor Signature	Print	Name	Date	
Chief Financial Officer Signature				
Chief Financial Officer (CFO)/Designee Signa	ature Print	Name	Date	

Finance Form: #07-0249 Revised Date: 10/8/2024 Policy Ref: #07-001-0005, #07-001-0006