

Wal-Mart Charge Card Receipt Form

Please complete for each Walmart Charge and attach to PO.

STAPLE- DO NOT TAPE- Tape removed ink on receipts

Receipt Total: \$ _____

If sales tax was charge- attach credit receipt OR
check to reimburse before submitting to Central Off.

Purchased by: (Signature Required)

X _____

Authorized by: (Principal Signature)

X _____

Date: _____

Item(s) for: _____

CODE: _____

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