



OPEN ORDER RECEIPT FORM

VENDOR: Martin’s Food Store Location: _____

Charge Sales Invoice #: _____ Purchase date: _____

Account code to be charged: _____

Open Order #: _____ Date: _____

Purchased by: _____
(Printed Name)

Item(s) Description: _____

Purpose of purchase: _____

Principal/Department Supervisor signature approval: _____

Instructions:

1. Only authorized persons may use the Open Order.
2. Show a WCPS badge and identification at the time of purchase.
3. Martin’s will provide a Charge Sales Invoice and a cash register receipt for the transaction. Attach the original documents to this form.
4. Complete this for in its entirety.
5. Use one form per transaction.
6. Must have Principal/Supervisor approval signature.
7. The completed form and attachments should be submitted immediately to the Finance Department for payment.