

## Paid-Out Form

Store #: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor/Business Paid \_\_\_\_\_

Merchandise Bought/  
Services Performed \_\_\_\_\_

Total Dollar Amount \$ \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Approval By: (circle one)

District Manager or Larry Kibbe

\*Attach the receipt to the back of this form.

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