



Purchase Date: \_\_\_\_\_

Fund #: \_\_\_\_\_

\_\_\_\_\_

### CREDIT CARD CHARGE FORM

Vendor:

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Must attach signed copy of receipt showing no taxes withheld*

*\*You need a separate credit card charge form for each vendor*

QUANTITY	DESCRIPTION OF ITEM(S) PURCHASED	PRICE OF ITEM(S)	TOTAL AMOUNT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL AMOUNT CHARGED</b>			<b>\$</b>

Reason/Purpose for Purchase: \_\_\_\_\_

Fund Name: \_\_\_\_\_ Fund # \_\_\_\_\_

Printed Name of Faculty/Staff Member: \_\_\_\_\_

Signature of Faculty/Staff Member: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Order Approved by (Administrator Signature): \_\_\_\_\_

*Fill out form and turn it in to Patsy Cathcart, Bookkeeper, along with receipts (attached to the back of this form) and all supporting documents. Thank you.*

*(Bookkeeper Use Only)*

MUNIS DESCRIPTION: \_\_\_\_\_