

CREDIT CARD REQUEST

Please complete this form and have it signed by a department administrator. Your request will be processed through the appropriate office and forwarded to the office of the Board of Education.

Department: _____ Employee Name: _____

Date(s) requesting use of card: From _____ To _____

Purpose of Use: _____

Name of business and city where card was used:

Department Administrator Signature _____ Date _____

Funding Source _____

Account # _____ Amount \$ _____

Travel for multiple employees:

Employee Name _____

Account # _____ Amount \$ _____

Employee Name _____

Account # _____ Amount \$ _____

Employee Name _____

Account # _____ Amount \$ _____

Employee Name _____

Account # _____ Amount \$ _____

Employee Name _____

Account # _____ Amount \$ _____

EMPLOYEE WILL BE REQUIRED TO PAY ANY STATE/LOCAL SALES AND USE TAXES IF THEY ARE INCLUDED ON RECEIPTS.

ALL RECEIPTS MUST BE TURNED IN TO THE DEPARTMENT OF ADMINISTRATION WITHIN FIVE (5) BUSINESS DAYS. YOU WILL BE RESPONSIBLE FOR ANY CHARGES WITHOUT RECEIPTS.