

CREDIT CARD/REIMBURSEMENT FORM

Attach receipt (use tape) below or on the reverse side of this form.

Name of Vendor: _____ Date of Purchase: _____

Name of person making the purchase: _____ School: _____

Account No: _____ Total \$ _____

Description: _____

Account No: _____ Total \$ _____

Description: _____

Purchase made using: Credit Card Card Assigned To: _____ Personal Reimbursement

Approval: _____