PRINT

Center for Social Change

Serving individuals with developmental disabilities

CREDIT CARD
PURCHASE REQUISITION FORM

By signing this form, I acknowledge that I will return the credit card on the same business day along with the appropriate receipts. I also acknowledge that I will not write the credit card number down for later use on purchases without having used the credit card procedures. The credit card may not be used for personal purposes.

Requested By: _____ _____

Date Signature

Department: _____

Approvals: _____ _____ _____ _____

Supervisor Date Cardholder Date

Credit Card To be Used Amex

Card Checked Out _____ _____ _____

Signature Time Date

Card Checked In: _____ _____ _____

Signature Time Date

DESCRIPTION OF GOODS AND SERVICES	BUSINESS PURPOSE	ESTIMATED COST	ACTUAL COST
	Sub Total		0.00
	Shipping and Handling Costs		
	Grand Total		0.00

Updated: July/2017

SAVE