

**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 _____

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			
Shipping and Handling Costs			
Grand Total			