CREDIT CARD EXPENDITURES

This form is to be completed by any person using a credit card issued to and in the name of the _____ School District. All such use is governed by, and expressly limited to, the terms of Board Policy and any related guidelines. Please add additional pages, if necessary, and attach detailed receipts and all other related documents to this form.

Name of Credit Card User _____

Date(s) of Transaction(s) _____

Name(s) of Vendor(s) _____

List of Items Purchased _____

_____

_____

_____

Total Cost of all Items _____

Business Purpose(s) of Transaction(s) _____

_____

_____

_____

List of Attendees and Affiliations (if applicable) _____

_____

_____

_____

I verify that all persons having no business purpose for their attendance paid their own expenses and that I shall reimburse the School District for any purchases that are unsubstantiated or unrelated to any District business purpose (i.e., Board-approved or school related activity) within ____ business days of the date of the expenditure(s).

_____ _____

Signature of Credit Card User Date

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