



PO/REQ# \_\_\_\_\_

CC # \_\_\_\_\_  
(\*For office use only\*)

### CREDIT CARD REQUEST FORM (SUPPLIES and TRAVEL)

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

BUDGET ACCOUNT NUMBER \_\_\_\_\_

DESCRIPTION OF NEED \_\_\_\_\_

VENDOR \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

**RECEIPTS ARE REQUIRED TO BE SUBMITTED WITHIN 5 DAYS OF CREDIT CARD USE**