

# Credit Card Request Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Business you will be purchasing from \_\_\_\_\_

Date you are planning to purchase the item(s) \_\_\_\_\_

For what class or activity will you be purchasing the item(s) \_\_\_\_\_

\_\_\_\_\_

Items to be purchased \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated cost of the item(s) to be purchased \_\_\_\_\_

**Receipt must be returned with the charge card upon completion of purchase**

\_\_\_\_\_

Your request has been \_\_\_\_\_ approved \_\_\_\_\_ disapproved

\_\_\_\_\_  
Principals signature

\_\_\_\_\_  
Date

**Please allow the above staff member to pick up the credit card**

Account Number \_\_\_\_\_ Do Not exceed this amount: \_\_\_\_\_