Credit Card Purchase

CSB
CHANDLER SCHOOL BOOSTERS

Instructions:

1. Complete form with all requested information.
2. Submit completed form, all receipts and required approvals to ***CSB@CSBAP.org***
3. Purchases in excess of daily limits require pre-approval.

GROUP NAME:

Purchase Information:

Purchase Date:

Purchased By: *Name:* *Phone:*

Name on Card:

Purchase Amt: $

Vendor:

Expense Information:

Amount:$ **Expense Account:** **Class:**
Add'l Info:

Amount:$ **Expense Account:** **Class:**
Add'l Info:

Amount:$ **Expense Account:** **Class:**
Add'l Info:

Total must equal Payment Amount. Identify separate accounts/classes if necessary. Consult Account and Class list if needed.

Additional information can be used to identify or classify the transaction(s).

Approvals:

Approval Type:

- ☐ Previously approved budget
- ☐ Special vote (attach minutes with vote information)
- ☐ Pre-Approval

Signer 1
Name:
Signature:

Signer 2
Name:
Signature:

CSB Use Only: Please do not mark below this line.