



CREDIT CARD PURCHASE FORM

Amex___ MC ___ Sam's ___ HDepot___ Visa ___

Vendor/Company: _____

Date of Purchase: _____

Date Submitted: _____

Department: _____ Account #: _____

Amount: \$_____

For: _____

Ministry Servant Leader: _____

Staff Liaison: _____

(All request need to be signed or submitted via email by Staff Liaison)

Finance Department Approval: _____

ATTACH JUSTIFICATION OF CREDIT CARD REQUEST.

(Details and all receipts of Credit Card Purchase must be attached)