

WASHOUGAL SCHOOL DISTRICT

CREDIT CARD USE FORM

Date of use: _____

Vendor name: _____

Name on card: _____

Account code to be charged: _____

If a PO was used_PO#: _____ Close PO? YES NO

Amount: _____ Type of Purchase: GF ASB

*******PLEASE ATTACH BACK UP DOCUMENTS AND ORIGINAL RECEIPTS******* Back-up documents must indicate "RECEIVED BY" and "OK TO PAY" with signatures and dates.

Reason for Purchase: _____

****ASB PURCHASES MUST HAVE ALL APPROPRIATE SIGNATURES WITH APPROVAL.****

Card User: _____
Printed Name Signature Date

Card Holder: _____
Printed Name Signature Date

Supervisor: _____
Printed Name Signature Date

If the Card Holder makes a purchase for themselves (i.e training, conference registration, travel...) Supervisor is to sign form also.

The signatures and proper use of this form authorizes the purchase and budget code use in lieu of a purchase order.

Please turn in this document and all back up documents to District Office Accounts Payables

Jodi Magdaleno
Accounting Manager
360-954-3009
jodi.magdaleno@washougalsd.org