

WASHOUGAL SCHOOL DISTRICT

CREDIT CARD USE FORM

Date of use: _____ Type of Purchase: GF ASB

Vendor name: _____

Name on card: _____

Account code to be charged: _____

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

Amount: _____ Tax Paid: YES NO

Comp Tax: _____

*******PLEASE ATTACH BACK UP DOCUMENTS AND ORIGINAL RECEIPTS*******

Back-up documents must indicate "RECEIVED BY" with signature and date, on the itemized receipt.

Reason for Purchase:

****ASB PURCHASES MUST HAVE APROVAL and ALL APPROPRIATE SIGNATURES.****

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, dept. expense) please submit for to have Supervisor sign the form then submit to the business office.

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

Please return this use form and all back up documents to District Office no later than the 23rd of the month.

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