

## CREDIT CARD AUTHORIZATION FORM

Date:	
Employee Name:	
Vendor Name(s):	
Business Purpose:	
List of items or brief description	n:
Estimated Amount of Charge: _	
General Ledger Account No.: _	
	Director or Dean of School
	\$250.00 or over Vice President of Division
	\$1,000.00 or over Vice President of Administration & Finance signature required
No personal charges allowed. *Itemized receipt(s) and card due upon returning from event*	
Type of Card:	Internal use only  Card Number: