

CREDIT CARD AUTHORIZATION FORM

Date:	
Employee Name:	
Vendor Name(s):	
Business Purpose:	
ETBU Department:	
List of items or brief description:	
Estimated Amount of Charge:	
General Ledger Account No.:	
Account Name/Description:	
	Director or Dean of School
	\$250 or over Vice President of Division
	\$1,000 or over Vice President for Financial Affairs signature required ***President signature required in absence of VP***
No personal charges allowed. *Itemized receipt(s) and card due upon returning from event*	
	Internal use only

Card Number: __

Type of Card: _