

Credit Card Check Out Form
Darby Public Schools

Name: _____ Date: _____

Supervisor Signature: _____

Activity: _____

Date of Activity: _____

Expenses: Please attach original itemized receipts.

Description/Vendor	Amount	Date

Employee Signature:

- Meals:
- Breakfast: \$8.00
- Lunch: \$10.00
- Dinner: \$15.00

If you go over budget; please pay the vendor the difference.