

Credit Card Authorization Form

Name on the Card: _____

Travel: Airfare ☐ Lodging ☐ Conference ☐

Name of Traveler(s) _____

Date(s) of Travel _____

****No charges will be permitted if a properly authorized Exhibit H is not attached for **each individual** requiring booking.**

Non-Travel Purchases: Supplies / Equipment (610/612)

Circle as Needed Supplies / Equipment (65X/7XX): requires IT / Bus Svcs approval

Other (Object Code:)

Attach specifications of product to be purchased; include part #, item description, # of items, etc. Add NOTES: _

Total Amount to be Charged: \$ _____

IT / Bus Svcs Approval Attached: YES / NO (email format is acceptable)

By signing this form, you authorize these charges to your card for the amount listed above. Charges are your responsibility and must be paid in a timely manner. Failure to submit proper paperwork to allow for timely payment may result in cancellation of card. All card charges are subject to review by the CFO who has sole discretion to determine if charges are allowable under NRS, Board Policies or Administrative Regulations.

Signed: _____

Date: _____