

Campbell County School District Credit Card Check-Out Request Form

(Please Print)

School/Department:

Date:

Phone Number:

Cardholder Name:

People Using Credit Card (list all names and budget codes):

- 1
- 2
- 3
- 4

Dates Card Will Be Used:

Activity/Event:

Location:

Card To Be Used For: (✓)

Estimated Amount To Be Spent:

Hotel

\$

Meals

\$

Materials

\$

Other

\$

This credit card is for the specific purpose of covering travel expenses while a District employee or other authorized individual is traveling on District business. No personal charges are permitted.

This credit card is to be returned to the Finance office with all receipts and the pink copy of this form on the business day following your return.

I understand that charges over and above the District travel guidelines will be billed to me. If these charges are not paid they may be deducted from my payroll check.

Cardholder Signature:

Supervisor Authorization Signature:

Budget Code:

FINANCE USE ONLY

P-Card#

Per Diem

Date Out

Date In