

Cheney School District
Credit Card Charge Detail

501 must be completed before employee is allowed to use District Credit Card for travel.

If more than one employee is traveling, list all employees

Employee Name _____

(The employee who checks out the card should be the signing employee. In the event another employee attends the same event and the card is shared, list both or all names who have signed.)

Name of Event _____

Date(s) of Event _____

City of Event _____

Other cities in which expenses were incurred during travel _____

List Detail of Charges Below

<u>Date</u>	<u>Vendor</u>	<u>City</u>	<u>Description (Lodging, Meals, Transp.)</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Must be an itemized receipt for all purchases made on district card. If receipt is lost, employee is expected to call vendor and ask for replacement. District policy states any purchase in which an itemized receipt is not provided within 30 days must be reimbursed by employee.

Attach all **itemized charge receipts** to this form and return them along with the credit card to the Business Office as soon as you return from your event. If any of the above expenditures were not previously approved on Form 501, this form should first be submitted to your building principal or department supervisor for budget code and signature approval before it is returned to the Business Office. If you have purchased any meals for other employees or individuals other than those listed above, please attach a list of attendees.

Budget Code _____

Budget code(s) must be provided along with supervisor signature or it will be returned to school secretary.

Budget Approval _____

Was a district vehicle used? YES or NO
Circle One: Bus Car Van

CHENEY SCHOOL DISTRICT
 520 Fourth Street
 Cheney, Washington 99004

FOOD & BEVERAGE REIMBURSEMENT

Employee Name: _____

Date Incurred: _____

Vendor: _____

Purpose of Meeting: _____

Guests whose meals were paid for:

Name

Position

List of all students, chaperones,
 and employees must be provided
 when more than one person is
 traveling

Name	Position

35746043290542818001
 BATCH: 726
 SPOKANE HOUSE
 4361 W SUNSET HWY
 SPOKANE WA 99224

WELCOME TO THE
 SPOKANE HOUSE

4301 W. SUNSET HWY.
 509/838-1471

CREDIT CARD
 RECEIPT
 MUST BE
 SUBMITTED,
 BUT
 INSUFFICIENT
 BY ITSELF

DATE: 6/15/02
 S-E-L-E-S D-R-A-F-T
 SERVER: 0018
 REF: 7344
 CD TYPE: MC
 TR TYPE: PR
 AMOUNT: \$32.59
 TIP: 5.00
 TOTAL: 37.59
 ACCT: EXP: 0586
 AP: 034935
 NAME: CHENEY DIST-368

TBL# 55 GST# 0 CHK# 701
 #018 ELLEN JUL. 15, 02 17:27

1 COBB SALAD 10.95
 1 STK AND FF 9.50
 1 SPO HSE BURG 6.95
 1 ICED TEA 1.00
 1 SOFT DRINK 1.75

*** ALL ***
 SUBTOTAL \$ 30.15
 TAX 1. \$ 2.44
 TOTAL \$ 32.59

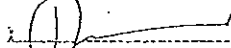
CHGTIP \$ 5.00
 H/C \$ 37.59

0011 REG 03 ELLEN JUL. 15, 02 18:20

THANK YOU!

SUBMIT
 THIS
 ITEMIZED
 COPY
 WITH
 CREDIT
 CARD
 RECEIPT

CARDHOLDER ACKNOWLEDGES RECEIPT OF
 GOODS AND/OR SERVICES IN THE AMOUNT OF
 THE TOTAL SHOWN HEREON AND AGREES TO
 PERFORM THE OBLIGATIONS SET FORTH BY THE
 CARDHOLDER'S AGREEMENT WITH THE ISSUER


 TOP COPY-RESTAURANT BOTTOM COPY-CUSTOMER