



# College Station Independent School District Lost Credit Card Form

**INSTRUCTIONS:** Complete form and email to [creditcardrequest@csisd.org](mailto:creditcardrequest@csisd.org)

**INFORMATION:**

Employee Name (Purchaser): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Credit Card Number (**LAST 6 DIGITS ONLY**): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**LAST TRANSACTION INFORMATION:**

Vendor Name: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_

Items purchased (**please itemize**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item(s) purchased for:

\_\_\_\_\_  
\_\_\_\_\_

Reason for lost card:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

**I certify that the above mentioned credit card for College Station ISD, checked out through Business Services was misplaced.**

Purchaser's Name (please print): \_\_\_\_\_

Purchaser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_

*For Business Office use ONLY:*

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_