

**CREDIT CARD PURCHASE INFORMATION FORM**

NAME

DEPARTMENT

CR CARD MEMBER & ID#

**CHARGES RELATED TO MEETINGS AND TRAINING:**

Date	Provider	Amount	GL Account #							Purpose
				<i>For meetings and training attended</i>	<i>Itemized receipt attached</i>	<i>Announcement with place, date, agenda attached</i>	<i>For meetings &amp; training hosted</i>	<i>Itemized receipt attached</i>	<i>Announcement with place, date, agenda attached</i>	

**CHARGES FOR SUPPLIES, SERVICE, & MISCELLANEOUS: (Please attach itemized receipt)**

Date	Provider	Amount	GL Account #	Purpose