Credit Card Charge Request

Date _____

Department & Extension:

_____

Submitted By:

_____

Please describe the reason for this charge & its business purpose:

(e.g., merchant only accepts credit cards, emergency purchase, etc. and why item is being purchased)

_____

_____

Vendor Name:

_____

Vendor Phone Number:

_____

Vendor Web Address:

_____

Account Number(s):

_____

_____

_____

Amount(s):

_____

_____

_____

Quantity:	Description:	Unit Price:	Extension:
		Total*	

*If 5% city tax is not assessed by the merchant the appropriate tax amount will be withheld and remitted to the City of NO.

_____

Department Authorization

_____

Date

_____

Print Name and Title

_____

Purchasing Authorization

_____

Date