

**ALDEN-HEBRON S.D. #19  
CREDIT CARD PURCHASE**

Date: \_\_\_\_\_ (If reimbursement, use your name in vendor field)

Name of User: \_\_\_\_\_ Credit Card Used: \_\_\_\_\_

Item/s Purchased: \_\_\_\_\_

\_\_\_\_\_  
Amount of Purchase

\_\_\_\_\_  
Date of Purchase

\_\_\_\_\_  
Purpose

\_\_\_\_\_  
Signature of Originator

\_\_\_\_\_  
District Account Number to be Charged

\_\_\_\_\_  
Approved By

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