

BHCUSD#8 CHARGES TO VISA FORM

Date Credit Card Issued: _____

Name of Person Charging: _____

Reason for Charge: _____

Name of Vender: _____

Expected Cost: _____

BHCUSD#8 Account Charged: _____

Signature of Employee Charging: _____

Please note that any variation from the expected cost could be at the expense of the person charging. The person charging will be responsible for submitting all receipts to the office. Failure to do so could result in being liable for charges.

Principal Signature for Charging
Approval and Release of Visa Card _____

(FOR OFFICE USE ONLY)

Date Credit Card Returned: _____

Name of Vender: _____ Actual Cost Charged: _____

Principal Signature for Return of
Credit Card and Acceptance of Final Receipts _____

