



Credit Card Authorization Form

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|---|--|
| Request Date | |
| Department Name <small>(Typed or Printed)</small> | |
| Requester's Name <small>(Typed or Printed)</small> | |
| Vendor Name <small>(Typed or Printed)</small> | |
| Amount of Purchase | |
| Purpose of Purchase | |
| | |
| | |
| | |
| | |
| Fund | |
| Signature <small>(Authorized Signatory)</small> | |
| Name <small>(Authorized Signatory Typed or Printed)</small> | |
| Title <small>(Typed or Printed)</small> | |

***Receipts for all purchases must be attached to a copy of this form and returned to Yvonne Hines in E1313**

Approved? _____ Date _____

Approver Name _____

For Institutional Advancement use only. Do not write below the line.