## MARYWOOD UNIVERSITY CREDIT CARD MONTHLY CHARGES REPORT FOR MONTH / .

Print/Type Name of Credit Card Holder:

CREDIT CARD BILL TOTAL (RECEIPTS AND CREDIT CARD TOTAL SHOULD BE EQUAL)  CREDIT CARD BILL TOTAL (RECEIPTS AND CREDIT CARD TOTAL SHOULD BE EQUAL)  PLEASE RETURN THIS SHEET WITH THE COPY OF YOUR CREDIT CARD BILL. RECEIPTS FOR ALL CHARGES MUST BE ATTACHED. CHARGES WITHOUT RECEIPTS WILL BE THE PERSONAL RESPONSIBILITY OF THE PERSON WHOSE NAME APPEARS ON THE CREDIT CARD. SIGNATURE OF CREDIT CARD HOLDER:  SIGNATURE OF CREDIT  SIGNATURE OF CREDIT CARD HOLDER:  SUPERVISOR:  DATE:	DATE OF		<u>EVENT OR</u>	BUDGET # TO	PROJECT ID:	<u>AMOUNT</u>
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