

MARYWOOD UNIVERSITY
CREDIT CARD MONTHLY CHARGES REPORT
FOR MONTH / .

Print/Type Name of Credit Card Holder: _____

<u>DATE OF CHARGE</u>	<u>VENDOR</u>	<u>EVENT OR ITEM CHARGED</u>	<u>BUDGET # TO BE CHARGED</u>	<u>PROJECT ID:</u> <u>place N/A if not applicable</u>	<u>AMOUNT OF CHARGE</u>
		(please explain business purpose for expenditure)			
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 CARD HOLDER'S SUPERVISOR: _____		
DATE: _____			DATE: _____		

Print/Type name of
SUPERVISOR: _____