

**STAPLE RECEIPT HERE**

**Pickaway County Educational Service Center**

**Credit Card Expenditure Form**

**Merchant Name:** \_\_\_\_\_ **CARD** \_\_\_\_\_

This form is to be completed after each credit card transaction in the name of Pickaway County Educational Service Center. Attach original credit card receipt to this form.

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

Date of Transaction: \_\_\_\_\_

Vendor: (Circle)                      VISA              OR              WAL-MART

List of Items Purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Purchase:                      \$ \_\_\_\_\_ **Purchase Order: #** \_\_\_\_\_

I verify the purchases were made on an approved purchase order and no purchases made were personal or will be for personal use. I have signed and understand the District's Purchasing Policy. I have signed and understand the PCESC Credit Card Policy.

\_\_\_\_\_  
Signature of Credit Card User

\_\_\_\_\_  
Date

Reviewed:

\_\_\_\_\_  
Superintendent/ Treasurer

\_\_\_\_\_  
Date