

CHARGES TO VISA

1. Date Credit Card Issued _____

2. Name of Person Charging _____

3. Reason for Charge _____

4. Name of Vendor _____ Expected Cost _____

5. BHSD#8 Account Charged _____

6. 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 Vendor _____ Actual Cost Charged _____

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