Credit Card Transaction Report

Credit card holder name: _____

Report prepared by: _____

Date of transaction: _____

Payee/Vendor: _____

Amount of purchase: $ _____

Campus: _____

Expense line item: _____

Please use allocation code.

Ministry Purchasing: _____

Ministry Requesting: _____

Receipt attached: _____ Yes   _____ No

Attach receipt behind this page.   If no, please explain:

_____

_____

_____

How did this expenditure relate to the ministry?

_____

_____

_____

In the case of meals/entertainment, please list participants full names:

_____

_____

_____

Card holder signature: _____