

Scott County Central Schools

(THIS FORM IS NOT USED FOR EMPLOYEE REIMBURSEMENTS)

Credit Card Receipt Form

Please attach credit card receipt and designate which department or club should be expensed.

DATE

DEPARTMENT
PAYING BILL

Ending CC No's

Credit Card Used: _____

PURCHASER NAME: _____

FOOD (RECEIPTS MUST BE ATTACHED): _____

LODGING (RECEIPTS MUST BE ATTACHED): _____

BOOKS/REGISTRATION FEES (RECEIPT MUST BE ATTACHED) _____

MATERIALS/SUPPLIES (RECEIPT MUST BE ATTACHED) _____

EMPLOYEE SIGNATURE

APPROVED BY PRINCIPAL/SUPT.

“REASON FOR TRAVEL-FOOD-LODGING-REGISTRATION OR SUPPLIES”
