

CREDIT CARD PURCHASE FORM

Please PRINT all information.

Person Submitting Form:	Date:
Phone:	Email:

Credit Card Holder's name: _____

Head Rep's approval: _____

Date of Purchase	Amount	Vendor/ Item detail	School/ Event
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Submit to Treasurer Meghan Vaillancourt via email;
meghanvail@msn.com

****All supporting documents should be in PDF format****

To submit via mail, please STAPLE all receipts to the back of this form and mail to:

**PTO Treasurer
PO Box 642
Hudson, OH. 44236**