

EL TEJON UNIFIED SCHOOL DISTRICT
District Credit Card Receipt Submission Form
(Please do not use staples. Only one receipt per submission form)

Name on Credit Card: _____

Vendor Name: _____

Date of Purchase: _____ Receipt Total: _____

| Item Description: | Funding Sources/Code | Amount |
|-------------------|----------------------|--------|
| | | |
| | | |
| | | |
| | | |

Tape Receipt Here or on a Separate Sheet of Paper:

Credit Card Holders Signature: _____ Date: _____

For D.O. Credit Card Purchaser's Signature: _____ Date: _____