Assumption Academy

The Parent CORPS
Credit Card Expense

Date Submitted: _____

Event or Committee Name: _____

Requested By (Please Print): _____

Contact Telephone Number: _____

Vendor/Organization: _____

Purchase Location (City): _____

c/o Grade/Room #: _____

Expense description of the following receipts which are attached:

Date	Place of Purchase	Items Purchased	Amount
		Total of Credit Card Amounts:	

Note: All receipts must be attached to this form. If extra credit card expense forms are needed, they can be obtained from the Treasurer, Assistant Treasurer, or the school office.

Approved by: _____ Approved by: _____
(Committee Chairperson) (President)

If more than $500, approved by majority vote of regular business meeting attendees.
Approval documented in minutes dated _____

Treasurer Use Only:

Card (last 4)#: _____ Date: _____ Budget Charged: _____

RETURN FORM TO: Tom Ludwick, Treasurer (tomludwick04@gmail.com)