



# WASHOE COUNTY SCHOOL DISTRICT Credit Card Issuance Form

Form No. CC \_\_\_\_\_

1. Please complete all of the information below for issuance of any credit card.
2. After encumbrance by Business Office, take to the Business Office Executive Cabinet Assistant for issuance of card.
3. Return receipts upon return of credit card.
4. Please make a copy for your records.

**PLEASE PRINT CLEARLY**

CARD TO BE USED: \_\_\_\_\_

SCHOOL / DEPARTMENT: \_\_\_\_\_

APPROXIMATE COST: \_\_\_\_\_

BUDGET ACCOUNT TO BE CHARGED: 

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PURPOSE OF TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

CLAIMANT SIGNATURE: \_\_\_\_\_

DEPARTMENT HEAD / PRINCIPAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**BUSINESS OFFICE USE ONLY**

Account Distribution: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_