



Policies & Procedures

**POLICY**

**CITY ISSUED CREDIT CARDS AND/OR PURCHASE CARDS**

**USE OF CREDIT CARD AND/OR PURCHASE CARD FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Description of item(s)/service(s) purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Requisition attached if purchase order has not been done properly. Request will be a then and now due to the request not being completed prior to the purchase being made.

Attach original receipt(s) signed by the employee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by the Fiscal Officer: \_\_\_\_\_ Date: \_\_\_\_\_