

**Madison High School
CREDIT CARD PURCHASE FORM
RECEIPTS REQUIRED**

CC Last 4 #: _____

Date: _____ Requested by: _____

Funding Source/Account to Draw From: _____

VENDOR/STORE	DESCRIPTION	PRICE

I hereby certify that I have charged the purchases listed above and that they were incurred by me as approved and in accordance with the performance of my duties as an employee of Madison High School. In accordance with Administrative Directive #307-1R92. "If purchases are made without proper authorization, the individual making the purchase is liable for payment of the bill."

Employee Signature: _____ Approved by: _____

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