



Greenfield Union School District

493 El Camino Real, Greenfield, CA 93927
(831) 674-2840 Office • (831) 674-3712 FAX

CREDIT CARD APPROVAL

***Please include ALL back up.
Failure to include back up will delay credit card approval.***

Date: _____ Requestor's Name: _____

I am requesting authorization to use the district's credit card as follows:

- J.P. Morgan MasterCard - Vendor ID #99969**
- Credit Card Charge will be in the Amount of: \$ _____
- Credit Card will be used only to secure reservation but **WILL NOT** be charged.
(Please complete the Check Request form for the event/conference/lodging and submit to Accounts Payable ASAP.)
- AMAZON ORDER SHARE-A-CART ID #** _____

- | |
|---|
| • Requisition Number and/or Purchase Order Number <i>MUST BE</i> listed below before approval. |
| • Please attach an original or copy of your <i>APPROVED</i> Conference Attendance Request. |
| • Please attach all supporting back-up documents to this approval form. |

Requisition #: _____ PO #: _____

For the Purpose of: _____

Requestor's Signature _____ Date _____

Chief Business Official _____ Date _____

Superintendent or Designee _____ Date _____

[] **APPROVED** [] **DENIED**

<u>FUND</u>	<u>RESC</u>	<u>Y</u>	<u>GOAL</u>	<u>FUNC</u>	<u>OBJT</u>	<u>SO</u>	<u>LOC (Site)</u>	<u>1111</u>	<u>MGMT</u>
EX 01	0000	0	0000	0000	0000	00	00	0000	0000