

Comanche Independent School District

CREDIT CARD RELEASE FORM

Date		
Campus/Department		
Employee Name		
Credit Card		
Credit Card #		
Vendor Name & Amount		\$
Vendor Name & Amount		\$
Vendor Name & Amount		\$
Vendor Name & Amount		\$
Vendor Name & Amount		\$
Budget Code(s)		
Reason for Purchase(s)		

Any purchases must have an approved PO prior to purchase. I agree that any unauthorized purchases will be reimbursed to Comanche ISD by employee.

Employee Signature

Business Office Authorization Signature

For Business Office Use Only
Date Returned: _____
Initials: _____