MARYWOOD UNIVERSITY
CREDIT CARD MONTHLY CHARGES REPORT
FOR MONTH / .

DATE OF CHARGE	***VENDOR***	***EVENT OR ITEM CHARGED***	***PERSON CHARGING OR ATTENDING EVENT***	***BUDGET # TO BE CHARGED***	***AMOUNT OF CHARGE***
		(please explain business purpose for expenditure)	(please list all attendees)		
CREDIT CARD BILL TOTAL (RECEIPTS AND CREDIT CARD TOTAL SHOULD BE EQUAL)					$ _____
PLEASE RETURN THIS SHEET WITH THE COPY OF YOUR CREDIT CARD BILL. RECEIPTS FOR ALL CHARGES MUST BE ATTACHED.					
CHARGES WITHOUT RECEIPTS WILL BE THE PERSONAL RESPONSIBILITY OF THE PERSON WHOSE NAME APPEARS ON THE CREDIT CARD.					
SIGNATURE OF CREDIT			SIGNATURE OF CREDIT CARD HOLDER'S		
CARD HOLDER: _____			SUPERVISOR: _____		
DATE: _____			DATE: _____		