<u>MARYWOOD UNIVERSITY</u> <u>CREDIT CARD MONTHLY CHARGES REPORT</u> <u>FOR MONTH / .</u>

Print/Type Name of Credit Card Holder:

DATE OF		<u>EVENT OR</u>	BUDGET # TO	PROJECT ID:	AMOUNT
CHARGE	VENDOR	ITEM CHARGED	BE CHARGED	place N/A	OF CHARGE
		(please explain business purpose for expenditure)		if not applicable	
CREDIT CAR	D BILL TOTAL (RECEI	PTS AND CREDIT CARD TOTAL SHOU	D BE EQUAL)		\$
		H THE COPY OF YOUR CREDIT CARD			
CHARGES W	THOUT RECEIPTS WI	LL BE THE PERSONAL RESPONSIBILIT	TY OF THE PERSON WHOSE NAME	APPEARS ON THE CREE	DIT CARD.
SIGNATURE			SIGNATURE OF CREDIT CARD HO		
CARD HOLDE			SUPERVISOR:		
DATE:	N		DATE:		

Print/Type name of

SUPERVISOR: _____