## MARYWOOD UNIVERSITY CREDIT CARD MONTHLY CHARGES REPORT FOR MONTH / .

Print/Type Name of Credit Card Holder:

DATE OF		EVENT OR	BUDGET # TO	PROJECT ID:	AMOUNT
CHARGE	<u>VENDOR</u>	ITEM CHARGED	BE CHARGED	place N/A	OF CHARGE
		(please explain business purpose for expenditure)		if not applicable	
CREDIT CA	ARD BILL TOTAL (RECE	LEIPTS AND CREDIT CARD TOTAL SHOULD	RE FOLIAL)		\$
OKEDII OF	TITO DILL TOTAL (ITLOL	TO AND CREDIT GARD TO TAE ONGOED	DE EQUAE)		Ψ
PLEASE RI	ETURN THIS SHEET WI	TH THE COPY OF YOUR CREDIT CARD BI	LL. RECEIPTS FOR ALL CHARGES MUS	ST BE ATTACHED.	
		VILL BE THE PERSONAL RESPONSIBILITY			IT CARD.
SIGNATURE OF CREDIT			SIGNATURE OF CREDIT CARD HOLDER	'S	
CARD HOL	DER:		SUPERVISOR:		
DATE:			DATE:		

Print/Type name	e of		
SUPERVISOR:			