

CREDIT CARD CHARGE

DATE: _____ APPROVAL: _____ INITIALS: _____

TYPE OF CARD: ↑VISA ↑MASTER CARD *(Please Check One)* AMOUNT: \$ _____

CARDHOLDER'S PRINTED NAME: _____

CREDIT CARD NUMBER: XXXX -XXXX-XXXX- _____ *(Please record last 4-digits of Credit Card)*
(Note: Please use Credit Card Slip to record Credit Card Number and attach)

EXPIRATION DATE (Mo/Yr): _____ SECURITY NO: _____
(Number on Back of Card)

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S PHONE NO: _____

CARDHOLDER'S EMAIL ADDRESS: _____

CARDHOLDER'S ADDRESS: _____

CLIENT'S P.O. NUMBER: _____ *(If Applicable)*

Project: _____ Department: _____

Account Chartfield: _____

Submitted by: _____ Extension: _____

UNIVERSITY ENTERPRISE CORPORATION USE ONLY

Processed by: _____ Date: _____

Comments: _____

CREDIT CARD CHARGE SLIP

SLIP NO:

Cardholder's Name:

Type of Card:

Credit Card Number:

Security No: (On Back of Card)

Expiration Date: