



The Foundation for
California State University, San Bernardino

CREDIT CARD CHARGE

DATE: _____ APPROVAL: _____ INITIALS: _____

TYPE OF CARD: VISA MASTERCARD AMERICAN EXPRESS

CARDHOLDER'S PRINTED NAME: _____

CREDIT CARD NUMBER: XXXX - XXXX - XXXX - _____ *(Please fill out the last 4-Digits Only)*
(Attach the Credit Card Information Slip Sheet)

EXPIRATION DATE (Mo/Yr): _____ / _____ AMOUNT: \$ _____

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S PHONE NO: (_____) _____

CARDHOLDER'S EMAIL ADDRESS: *(Optional)* _____

CARDHOLDER'S ADDRESS: Address: _____
City: _____
State: _____
Zip Code: _____

Student's Name: _____ Phone No: _____

Reason for Charge (Description) _____

Project No: _____ Department: _____

Account Chartfield: _____

Department Contact Person: _____ Extension: _____

CUSTOMER CREDIT CARD CHARGE INFORMATION

Please Print Information

Note: Print on Goldenrod Paper

CREDIT CARD CHARGE SLIP

Cardholder's Name: _____

Type of Card:

Visa Mastercard American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Amount:

\$ _____

PLEASE SHRED WHEN CHARGE CARD PROCESS IS COMPLETED