



MARTIN COUNTY WEST SCHOOLS

Credit Card Check Out/Store Charge Request

DATE: _____

NAME: _____

VENDOR: _____

AMOUNT: _____

ACCOUNT CODE: _____

DEPARTMENT: _____

**Please check one
of the following:**

- ☐ Credit Card Check Out
☐ Store Charge Request

DETAILED DESCRIPTION	AMOUNT

SUPERVISOR APPROVAL: _____ DATE: _____

Once the purchase has been made, you must attach a receipt or proof of purchase to this form and return to the office that you received the credit card from (if you made a credit card purchase.)