



# MARTIN COUNTY WEST SCHOOLS

## Credit Card Check Out/Store Charge Request

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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.)