GRANT PARISH SCHOOL BOARD CREDIT CARD USAGE

FOR EACH CHARGE, PLEASE COMPLETE THE FOLLOWING: DATE_____ CARD TYPE_____ NAME ON CARD_____ VENDOR_____ AMOUNT_____ CHARGE CODE_____ AUTH. SIGNATURE_____ YOU MUST ATTACH APPROPRIATE DOCUMENTATION, SUCH AS COPY OF ORDER, AGENDA, SALES TICKET, OR HOTEL BILL. WHEN GOODS ARE RECEIVED. SIGN RECEIVING TICKET AND TURN IN TO ACCOUNTS PAYABLE. **BUSINESS OFFICE:** RECEIPT AGENDA RECEIVING TICKET