

Credit Card Usage Form

Date of Request: _____ Requested By: _____

Transaction Amount: _____ F - O - A - P: _____

Budget Available: Yes

If budget is not available, request a budget transfer before submission of this form.

Supplier Information

Name: _____

Address: _____

City, State and Zip: _____

Credit Card Usage Justification (Attach List of Items Needed)

Required Signatures

Requestor's Signature Request Date

Supervisor's Approval Approval Date

Division Dean's Approval Approval Date

Business Office Approval Approval Date

Business Office Use Only:

First National Bank of Omaha

Servis1st Bank Card

Date Ordered: _____ Transaction/Order No. _____

Ordered By: _____

You will receive a copy of this form after the order is placed or after the request is denied.

Please send the completed form and receipt to Emma Strength.

Revised: 03/21/2023 (EES)