

Credit Card Expense Report

LSSC BoA Visa credit card

Due to Business Services within first week of each month.

Holder Name _____

Preparer Name _____

Card (last 4 digits) _ _ _ _

Statement Date _____

(attach itemized receipt for every transaction - charge or credit)

(attach copy of travel authorization for related travel expenses)

| Receipt Date | Vendor | Description/Purpose/Attendees | Index# | Account# | charge/<credit> |
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PO# or Budget Manager Signature (if not card holder's budget):

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PO# or Budget Manager Signature (if not card holder's budget):

Total of Receipts _____

BoA Total Activity: _____
(per statement)
(must match receipts total)

The authorized signers below certify that:
- These expenditures are for the benefit of Lake-Sumter State College.
- The items purchased have been received.
- Funds are available to properly account for this transaction.

Card Holder/Budget Manager Date

Supervisor of Card Holder Date