



ITEMIZED CREDIT CARD REPORT
(To be completed and turned in with receipts attached)

NAME (Authorized User of Credit Card): _____

TODAY'S DATE: _____

DATE(S) CREDIT CARD WAS USED: _____

NAME ON CARD: _____

LAST 4 DIGITS ON CARD: _____

EXPLANATION OF USE

Supplies/Materials: _____

Activity: _____

Location of Activity: _____

_____ **Number of USD #436 ADULTS that participated in this activity**

List Names of Adults: _____

_____ **Number of USD #436 STUDENTS that participated in this activity**

CHARGED TO:

AMOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

APPROVED BY:
(Building Admin/Supervisor)

DATE:

APPROVED BY:
(Superintendent)

DATE:

GUIDELINES

MEAL GUIDELINE				MOTEL GUIDELINE
STUDENT MEALS \$10 limit / 2 meals per day		ADULT MEALS Breakfast Lunch Dinner \$11 \$12 \$23		\$79-\$120 per Night

REMINDERS:

Use tax exempt status when possible. A District Credit Card Agreement must be on file with the district office.
Out-of-State meal costs shall be discussed with administration prior to travel.