

# PURCHASING CARD TRANSFER

Transfer Date (Month/Year) \_\_\_\_\_

To \_\_\_\_\_

Name on Credit card \_\_\_\_\_

DESCRIPTION	TOTAL PRICE	BUDGET ACCOUNT CODE
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TOTAL

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Division Director \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_