



Credit Card Purchases Order Form

Date: ____/____/____

Name of Purchaser: _____

Department : _____

Amount Requested : _____

Description of Purchase:

Approved by – Name: _____

Signature: _____

After Purchase, please email receipt to accountspayable@lifechoicewwbb.org and attach original receipt to this form. This form needs to be handed back with the credit card.

Amount on Receipt : _____

Emailed and Attached Receipt: ☐

If spending over the approved amount please obtain Supervisor approval and signature below.

Overspend Approval (if required): _____