



WINSTON-SALEM/FORSYTH COUNTY SCHOOLS

CREDIT CARD USAGE REQUEST

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(PLEASE DO NOT MIX FUNDS)

BUDGET CODES	AMOUNTS
1	
2	
3	
4	
5	

TOTAL AMOUNT:

DESCRIPTION / EXPLANATION:

REQUESTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

FINANCE DEPARTMENT APPROVED BY: _____ DATE: _____