

Dixon Unified School District

Request to Use District Credit Card

PO #: _____

Date: _____

Vendor Information: _____

IMPORTANT: *The credit card is to be used only when a vendor **does not** accept Purchase Orders or timeline does not permit it. Use one request form per vendor. Attach original invoice(s) for the charge or other supporting documents to this form. If registering for a conference, please attach a copy of the conference registration form and agenda. If the charge is related to travel or conference, please include copy of the Travel/Conference Attendance Request form.*

If for Travel – Name of Person Traveling: _____

Date of Travel: _____

Cost

Service Rendered/Description

(Include hotel name for hotel reservation or Airline for airplane tickets)

Fund	Res	Yr	Goal	Func	Obj	Loc	Resp	Amount

Payment Requested By: _____

Total _____

Approved By: _____

Administrator/Supervisor

Business Office