

**SISSETON WAHPETON COLLEGE
CREDIT CARD REQUEST**

NAME: _____
DEPARTMENT: _____
FUND: _____
VENDOR NAME: _____
VENDOR ADDRESS: _____
REASON FOR REQUEST: _____

QUANTITY	DESCRIPTION	PRICE	TOTAL

TOTAL _____

I AGREE THAT THIS CHARGE WILL BE PAID IN FULL BY THE DEPARTMENT AND FUND ACCOUNT LISTED ABOVE.

REQUESTING SIGNATURE _____ DATE _____
 APPROVED DISAPPROVED

APPROVING SIGNATURES _____ DATE _____

BUSINESS OFFICE USE:
DATE PAID: _____ **CHECK NUMBER:** _____ **INITIALS:** _____