



MEDAILLE COLLEGE

Credit Card Purchase Request

Return Form to:
Accounting Department
716-880-2272

Date _____

Department _____

Contact Person Requesting use
of College Credit Card _____

Date Credit Card Purchase
is to be Requested _____

Vendor Name _____

Description of Product(s), Service(s) or Conferences(s) to be Purchased

Fund Code (4 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount

*Activity Code is Optional
Submit all receipts to the Accounts Payable Department.

TOTAL _____

Credit Card Administrative Approval
Upon submission, the credit card information will be provided.

Director/Dean/Chair
Print Name: _____ Signature: _____ Date: _____

Vice President
Print Name: _____ Signature: _____ Date: _____

VP for Business and Finance
Print Name: _____ Signature: _____ Date: _____

For Internal Use Only
Approved: _____ Credit Card: _____