



## CREDIT CARD EXPENDITURE FORM

This form is to be completed by any person using a bank credit card issued to and in the name of the South Central Ohio ESC. All such use is governed by, and expressly limited to, the terms of Board Policy and any related guidelines. Please add additional pages, if necessary, and attach detailed receipts and all other related documents to this form.

Upon completion, either print this form and submit it to the accounting department or email it to [ashley.roberts@scoesc.org](mailto:ashley.roberts@scoesc.org).

Name of User: \_\_\_\_\_

Date(s) of Transaction(s): \_\_\_\_\_

Name(s) of Vendor(s): \_\_\_\_\_

List of Items Purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost of All Items Purchased: \_\_\_\_\_

Business Purpose(s) of Transaction(s): \_\_\_\_\_

\_\_\_\_\_

List of Attendees and Affiliations (if applicable): \_\_\_\_\_

\_\_\_\_\_

I verify that all persons having no business purpose for their attendance paid their own expenses and that I shall reimburse the school district for any purchases that are unsubstantiated or unrelated to any district business purpose within 30 business days of the date of the expenditure(s).

\_\_\_\_\_  
Signature of Credit Card User

\_\_\_\_\_  
Date