



Date: _____

Credit Card Payment Form

For _____ Department

Total costs: _____ Item/Services Rendered: _____

Requestor's Information

Requestor's name: _____
Name on credit card: _____ (important)
(if different from Requestor's name)
Billing Address _____
Phone: _____ Fax: _____
Email: _____

Credit Card Information

Please check one:
Credit card name: [] Visa [] Mastercard [] American Express [] Discover
Credit card number _____ Exp. Date _____
Authorization signature: _____

To be completed by Library staff

Purpose: _____
FRS Account: _____ Subcode: _____
LIB Staff: _____ Phone: _____ Email: _____

Please send completed form to Kesi McFarlane, Budget Office, McKeldin Library in a SEALED envelope.