



Credit Card Purchase Payment Request

Member Name: _____

Member Address: _____

City/State/Zip: _____

Member Phone: _____

Name on Credit Card: ____ Kevin or ____ Lisa or ____ Eric Tax Exemption form filed with Vendor? _____

Date of Charge	Explanation of Expense	Project/Activity & Date of Event	Amount
Total Amount to be Charged			\$

User's signature: _____

Officer Approval:

Forward hard copy of this form with receipts attached to the Treasurer after approval: Lisa Forbes
7825 SW 12th St Ocala, FL. 34474

Monthly Statement: _____ CC Amount: _____ Charges were verified _____