CREDIT CARD -REVENUE RECEIPT FORM

SEND TO:

AUXILIARY TREASURER

DATE SUBMITTED: _____

FROM: _____ CHAIRMAN OF: _____

SPECIFIC BUDGET CATEGORY ACCOUNT # TO BE CREDITED:_____

(MUST BE COMPLETED IN ORDER TO POST ACCURATELY TO THE SPECIFIC ACCOUNT)

TOTAL: $ _____

LAST/FIRST NAME	PHONE #	CREDIT CARD #	EXP. DATE	AMOUNT	APPRV.CODE

For Treasurer's Use Only:
Date Credited: _____ Initials: _____

One copy to Auxiliary Treasurer **One Copy to Committee Chairman**