

COMPTON COMMUNITY COLLEGE DISTRICT
1111 East Artesia Blvd., Compton, CA 90221-5393
Business Office ▪ (310) 900-1600 Extension 2102

CREDIT CARD AUTHORIZATION

(ONE FORM FOR EACH PAYEE)

Requested by: _____ Extension # _____

Department: _____

PURPOSE: (Include the name of the payee and amount)

Account Number: _____

DEPARTMENT/REQUESTOR USE ONLY

Requestor's Signature: _____ Date: _____

Approved By: _____ Date: _____

(Administrator)

ACCOUNTING USE ONLY

Received By: _____ Date: _____

Approved By: _____ Date: _____

(Administrator)

THIS FORM MUST BE SUBMITTED TO THE DIRECTOR OF ACCOUNTING WITH A COPY OF THE LATEST DATATEL ACCOUNT AVAILABILITY REPORT; OTHERWISE, IT SHALL BE RETURNED TO THE REQUESTOR.

FOR TRAVEL: A COPY OF THE APPROVED TRAVEL REQUEST AND REIMBURSEMENT FORM IS REQUIRED.