

# CCMC BANK CARD RECEIPT FORM

~Original Receipts Must Be Attached~

**PURCHASING DATE** \_\_\_\_\_

**PURCHASED BY (NAME)** \_\_\_\_\_

|                                            |
|--------------------------------------------|
| <b>APROVED BY (CO-WORKER'S NAME)</b> _____ |
| <b>DEPARTMENT CODE</b> _____               |
| <b>SOURCE</b> _____                        |
| <b>AMOUNT CHARGED</b> _____                |

**DESCRIPTION OF ITEMS PURCHASED OR REASON FOR EXPENSE**

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