



Texas 4-H Youth Development Foundation

P.O. Box 11020
College Station, Texas 77842-1020

Ref # _____

CREDIT CARD PAYMENT REQUEST FORM

Revised: September 2017

Date:

Person Submitting Request:

Contact Phone Number:

Name of Cardholder:

Total Statement Balance:

Department:

Amount Payable by Above

Department:

Partial Submission:

Does YOUR credit card have charges which another department manager is paying? If so, please note in this section. They must also submit a separate payment request.

Yes No

Amount \$ _____ Other Department _____

Amount \$ _____ Other Department _____

Amount \$ _____ Other Department _____

Make Check Payable to:

Chase Mastercard

Explanation of Expenditure*:

See attached:

Chase Statement

Chase Mastercard Expenditure Detail

Receipts (ALL Receipts need to be itemized)

**Attach copies of bills, invoices, receipts, and/or vouchers. (If copies are not available, a signed affidavit of cost and justification will be required).*

Signature of Cardholder, verifies adequate account and proper use of funds.

Date

Signature of Department Manager (if different from Cardholder), verifies adequate account and proper use of funds.

Date

Signature of State 4-H Program Leader, verifies compliance with contracts/agreements.

Date