



MEDAILLE UNIVERSITY

Credit Card Purchase Request

Return Form to:
Accounting Department
716-880-2272

Date _____

Department _____

Contact Person Requesting use
of College Credit Card _____

Extension of Person Requesting
use of College Credit Card _____

Date Credit Card Purchase
is to be Requested _____

Vendor Name _____

Description of Product(s), Service(s) or Conferences(s) to be Purchased

Fund Code (4 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code* (4 digits)	Cost Center Title	Amount

*Activity Code is Optional

Submit all receipts to the Accounts Payable Department.

TOTAL _____

Credit Card Administrative Approval

Upon submission, the credit card information will be provided.

Director/Dean/Chair

Print Name: _____ Signature: _____ Date: _____

Vice President

Print Name: _____ Signature: _____ Date: _____

Business and Finance

Print Name: Deborah Strychalski Signature: _____ Date: _____

Credit Card: