

North Schuylkill School District



Credit Card Payment Form



1. Item(s) purchased using District Credit Card:

2. Date of purchase:

3. Company Name (For example: Amazon, Teacher Pay Teacher, Walmart, etc.)

4. Amount of Purchase: _____

5. Requestor/Administrator: _____

6. Person making the purchase: _____

7. What was the purchase for/Why was purchase made?

Requestor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____