ARLINGTON
Public Schools

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

# District Credit Card Transaction Form

**Required when picking up the credit card.**
**Must be signed by supervisor.**

Date

Vendor

Contact/Phone

Ship to:

Attention:

Special instructions: (include purpose of purchase and account code to be charged)

| Qty | Units | Item # | Description | Unit price | Total | Account code |
|---|---|---|---|---|---|---|
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Subtotal

Tax

Shipping

Misc. charge

Total cost

Ordered by (Signature) ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date

Approved by (Signature) ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date