

Salem United Methodist Church

## Credit Card Verification Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Four Digits of Card: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Account # / Program Area \_\_\_\_\_

Vendor: \_\_\_\_\_

Item(s) Purchased:

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Purchased/Submitted By: \_\_\_\_\_

Credit card receipt(s) must be attached and clearly show the date of the transaction, a description of the goods or services, and the amount. Unclear receipts/invoices will not be accepted.

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