

# Credit Card Expense Report

LSSC BoA Visa credit card

Due to Business Services within first week of each month.

Holder Name \_\_\_\_\_

Preparer Name \_\_\_\_\_

Card (last 4 digits) \_ \_ \_ \_

Statement Date \_\_\_\_\_

*(attach itemized receipt for every transaction - charge or credit)*

*(attach copy of travel authorization for related travel expenses)*

Receipt Date	Vendor	Description/Purpose/Attendees	Index#	Account#	charge/<credit>
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*PO# or Budget Manager Signature* (if not card holder's budget):

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*PO# or Budget Manager Signature* (if not card holder's budget):

Total of Receipts \_\_\_\_\_

BoA Total Activity: \_\_\_\_\_  
 (per statement)  
 (must match receipts total)

*The authorized signers below certify that:*  
 - These expenditures are for the benefit of Lake-Sumter State College.  
 - The items purchased have been received.  
 - Funds are available to properly account for this transaction.

\_\_\_\_\_  
 Card Holder/Budget Manager                      Date

\_\_\_\_\_  
 Supervisor of Card Holder                      Date