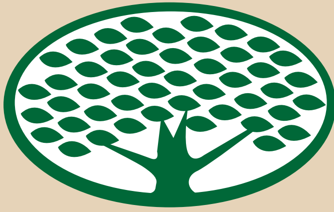

Credit Card Expense Report

ACMC Highland Campus

Return completed form with approvals & receipts to:

Jesse Saputra – Submit or Fax to 510-645-1173

CREDIT CARD HOLDER:	DEPARTMENT:		DATE:
ADDRESS:	TELEPHONE:		
CITY:	STATE:	ZIP:	

BUSINESS MEALS AND ENTERTAINMENT

Date	Business Purpose	Location	List Attendees	Amount
			Business Expense Total	

OTHER BUSINESS EXPENSE

Date	Description	Business purpose	Amount
		Business Expense Total	

DEPARTMENTAL EXPENSE

Date	Description	Business purpose	Amount
		Business Expense Total	

I certify that this reimbursement form is accurate regarding actual and necessary business expenses incurred.	TOTAL AMOUNT CHARGED	
Cardholder Signature: ______________________________ Date: __________	CARD STATEMENT TOTAL	