

**Student Organization
Credit Card Approval Form
FOR PURCHASE UNDER \$500.00**

Organization: _____ Account No: 90-00-5040-9 _____ -580504

Org. Representative Name: _____ Email: _____

Signature of Student Life Advisor: _____ Date _____

Signature of Organization Treasurer: _____ Email: _____

Event Name: _____ Event Date: _____

Transaction Description: _____

Number of original receipts attached _____
(Please attach a copy of the transaction page, if purchase on line)

Representative Signature

Date

Telephone

The use of the credit card is for Student organization only. If the credit card is used in a manner not consistent with the "transaction description" listed above, I am personally responsible to reimburse Barnard College.

Shipping:

Maria Pasquali/Your Org. Name
76 Claremont Avenue
New York, NY 10027

Billing:

Maria Pasquali /Your Org Name
3009 Broadway
New York, NY 10027

****For Office Use Only****

Vendor Name: _____ **Amount Spent: \$** _____

Approval Signature: _____ **Transaction Date:** _____

Comments: _____