



2323 N. Broadway, Suite 404-2, Santa Ana, CA 92706-1640
Accounts Payable • AP@rscdd.edu

VISA CREDIT CARD - Authorization for Payment

Note: Supporting receipts or packing slips with Cabinet Member approval must be submitted to Accounts Payable within three (3) business days of purchase. *[All fields are required.]*

Purchase Date: _____

Purchased From: _____

Amount: _____

P.O. # if applicable: _____

Account String: _____

Last 5 Digits of Card #: _____

Description of Items / Business Necessity:

ATTACH ITEMIZED RECEIPT

Please Staple
Original Receipts
Here

Approved for Submittal:

I have inspected all items purchased. All items have been verified on the attached receipts and are required for District purposes as explained above. All items have been received by me and I authorize payment.

Cabinet Member: _____

Dept / Location: _____

Phone: _____

Signature: _____

Date: _____