

## CREDIT CARD FORM LPC/TRAVEL

NAME ON CREDIT CARD:			AMOUNT OF TRANSACTION:			
GROUP NAME: (CAMPUS ONLY)		LAST 4 DIGITS OF CARD:  TYPE OF CARD: (CIRCLE) LPC/TRAVEL				
VENDOR NAME:						
TRANSACTION ID #:(OPTIONAL)				CARD SHOULD BE KEPT IN A SAFE AND SECURE PLACE AT ALL TIMES.		
		·	D GUIDELINES			
PURCHASES: LPC purce the credit card transaction to the credit card transaction to the control of the control o		\$500, must include prior approv	al from Purchasing.	Attach approval e-mail thre	ead from Purchasing to	
	•	form to the vendor. <u>PISD does in the district if sales tax is included</u>		of any kind. You will be		
		ging all detailed receipts and ca I detailed. Overnight travel with				
	otal before delive s (Dine in Only)	ry fee <b>Food Delivery for Cateri</b> n	ng/Meetings/Events			
MEALS: The below rat	es should be used	<mark>d as a guide when providing me</mark>	als			
	eligible for	You must leave before	Or Return after			
Break Lunch	fast \$10 n \$15	7:00 AM 11:00 AM	7:00 AM 2:00 PM			
Dinne	•	4:00 PM	6:00 PM			
<u> </u>	·	oproved Minutes and/ or Out of				
	•	result in personal responsibility for the p		uired to reimburse Pasadena Indep	pendent School District.**	
The ind	ividual using this	s card has read, understands an	nd will abide by the a	bove rules and LPC and Tr	avel Manuals	
T PRINT NAM	E:	SIGNATURE	:		DATE:	
T PRINT NAM	E:	SIGNATURE	NO ELECTRONIC SIGN	ATURE	DATE:	
				ATURE	DATE:	
		SIGNATURE (DETAILED STATEMENT):		ATURE	DATE:	
				ATURE	DATE:	
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\*\*\*ALL FIELDS MUST BE COMPLETED INCLUDING THE SIGNATURE LINE\*\*\*