

Credit Card Authorization		
Date:	Cardholder's Name:	Last Four Digits of Credit Card:
Supplier:	PO/BPO #:	
Items Purchased:	Approvals: _____ Supervisor/Department Manager _____ Dean/Division Director	
Amount of Purchase: _____	Purchased by: _____ Department: _____ Phone/Ext: _____ <i>I certify that the above listed items were bought in accordance with CTCD purchasing policies.</i>	

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