

**Sisseton Wahpeton College
Credit Card Request Form**

NAME: _____
DEPARTMENT: _____
FUND: _____
VENDOR NAME: _____
VENDOR ADDRESS: _____
REASON FOR REQUEST: _____

I AGREE THAT THIS CHARGE WILL BE PAID IN FULL BY THE DEPARTMENT AND FUND ACCOUNT LISTED ABOVE.

QUANTITY	DESCRIPTION	PRICE	TOTAL
TOTAL			

PI Signature - If required _____ Date _____

Comptroller Signature – Required _____ Date _____

President’s Signature – (Only if purchase is \$500.00 or over) _____

Shipping Date	Amount	Notes

Total