

**HEALTH CARE FOR THE HOMELESS
REQUEST FOR USE OF COMPANY PURCHASE/ CREDIT CARDS**

Vendor/Organization _____

Address: _____

Purchase Description: _____

Amount Charged: _____

Estimate charge: _____

Card type(PNC,Exxon,Motel 6) _____

If client related: _____
 HCH# _____
 Client name _____
 Project funding _____

** Approval dates must be prior to purchase*

Card Holder's last name: _____

Card request by: _____

Date: _____

Approved by: _____

Date: _____

Finance Department Section only.						
Period	Fund	GL code	Grant	Contract	Division	Amount

Prepared by: _____

Reviewed by : _____