

Mastercard Checkout Voucher

Person checking out card _____

Date _____

Reason for Card _____

Last Name of Student _____

Vendor _____

Budget Code _____

Itemized receipts must be returned with the credit card.

I understand that the use of this card is strictly for the Community Grant to assist students or other pre-approved use. Unauthorized use of this card could result in disciplinary action up to termination.

Signature of person using card

Signature - Principal