



**VASHON ISLAND SCHOOL DISTRICT #402**

Credit Card Expense Form

*"I hereby certify under penalty or perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."*

\_\_\_\_\_  
Cardholder/Employee Signature

\_\_\_\_\_  
Date

| Date         | Vendor | Description | Budget/PO | Subtotal | Tax | Total | Receipt |
|--------------|--------|-------------|-----------|----------|-----|-------|---------|
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
|              |        |             |           |          |     |       |         |
| <b>TOTAL</b> |        |             |           |          |     |       |         |

*"I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due and unpaid obligation against the Vashon Island School District and that I am authorized to authenticate and certify to said claim."*

\_\_\_\_\_  
Supervisor/Principal Signature – Approval to Pay

\_\_\_\_\_  
Date

PLEASE ATTACH ORIGINAL ITEMIZED RECEIPTS FOR ALL TRANSACTIONS. DO NOT SUBMIT COPIES OF YOUR RECEIPTS. APPROVAL BY PRINCIPAL OR SUPERVISOR IS REQUIRED.

