

**Town of Friday Harbor**

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

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## REQUEST FOR CREDIT CARD PURCHASE

<b>To be completed by person requesting credit card purchase</b>		
Requested by:	Department:	Date:
Company name where charge is incurred (please print):		Amount:
Description of what is being bought:		
Type of Credit Card:		
American Express		Master Card
Budget number(s) for above amount:		
<b>To be completed by person entering credit card number</b>		
Date of entry:	Budget # Verified by:	Name of person providing credit card number:

After completing form, attach receipt to it and give to Treasurer