



FREMONT UNION HIGH SCHOOL DISTRICT

Credit Card Expenditure Verification

Receipt		Billing Account Code Information									
<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #1: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #2: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #3: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #4: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #5: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #6: \$ _____			

<div>#</div>		Fund	Res.	Yr.	Object	Sub	Goal	Func.	Cost Ctr.	Site	Mgr
Purpose of Purchase: _____								Total amount of Receipt #7: \$ _____			

I verify that above information is accurate and that all needed documentation has been attached.

Signature of Cardholder

Date