SCHOOL DISTRICT OF FORT ATKINSON
Credit Card Accounting Form

Date:_____ Statement Amount: _____

Vendor	Expense Account	Amount

TOTAL AMOUNT: $0.00

Please list each charge on the statement and a corresponding expense account and turn into Business Office with statement and receipts. Use multiple sheets if necessary. Attach receipts in order listed on this form.

Administrator's Approval: _____

Business Manager's Approval: _____

Form ID: CCAF