

COMPTON COMMUNITY COLLEGE DISTRICT
1111 EAST Artesia Blvd., Compton, CA 90221-5393
Business Office (310) 900-1600 Extension 2102

**CREDIT CARD AUTHORIZATION
(ONE FORM FOR EACH PAYEE)**

Requested By: _____

Extension No.: _____

Department: _____

PURPOSE: (Include the name of the payee and amount)

Account Number: _____

DEPARTMENT/REQUESTOR USE ONLY

Requestor's Signature: _____

Date: _____

Approved By: _____

Date: _____

ACCOUNTING USE ONLY

Received By: _____

Date: _____

Approved By: _____

Date: _____

Approved By CBO

Date

**THIS FORM MUST BE SUBMITTED TO THE DIRECTOR OF ACCOUNTING
WITH A COPY OF THE LATEST DATATEL ACCOUNT AVAILABILITY
REPORT; OTHERWISE, IT SHALL BE RETURNED TO THE REQUESTOR.**

**FOR TRAVEL: A COPY OF THE APPROVED TRAVEL REQUEST AND
REIMBURSEMENT FORM IS REQUIRED.**