



Purchase Authorization/Payment Form

Name of Purchaser: _____

Purchase Method:

<input type="checkbox"/> Purchase Order Request	<input type="checkbox"/> Credit Card*	<input type="checkbox"/> Check Request
---	---------------------------------------	--

*If this is for a credit card purchase, please enter the following:

Credit Card Name and Last Four Digits: _____

Purchase Details:

Date of Purchase	_____
Merchant Name	_____
Merchant address if this is the first payment	_____
Items Purchased	_____
Program/Fundraising Description, etc.	_____
Total Charges	_____

Purchase Authorization:

The individual signing this Purchase Authorization/Payment Form as the "Authorized Person" certifies that Camp Good Days and Special Times, Inc. has received, or will be receiving, the above-referenced goods and/or services. An original invoice must be attached to this completed and signed Purchase Authorization/Payment Form for each request for payment.

Authorized Person: _____ Date: _____

Corporate Approval: _____ Date: _____

Accounting Use Only	Check Date: _____	Check Number: _____
---------------------	-------------------	---------------------