

Credit Card Payment



HARTNELLCOLLEGE

411 Central Avenue
Salinas, CA 93901

Date:

Requester Name:

Requesting Dept:

Phone/Ext:

Colleague ID#:

Payee / Vendor Name:

Address:

City:

State:

ZIP:

Country:

Doc ID*	Description	GL / Account Number	Amount
*Confirmation# / Invoice# / Order# / etc			Total: 0.00

Additional Information / Comments:

1st Dean/Director/Budget Manager

Date

2nd Dean/Director/Budget Manager (if applicable)

Date

VP/President (when required)

Date