

# Credit Card Payment



**HARTNELLCOLLEGE**

411 Central Avenue  
Salinas, CA 93901

Date:

Requester Name:

Requesting Dept:

Phone/Ext:

Payee Colleague ID#:

Payee / Vendor Name:

Address:

City:

State:

ZIP:

Country:

Doc ID*	Description	GL / Account Number	Amount

\*Confirmation# / Invoice# / Order# / etc

**Total:**

**Additional Information / Comments:**

\_\_\_\_\_  
1st Dean/Director/Budget Manager

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP/President (when required)

\_\_\_\_\_  
Date