NORTHERN NISHNAWBE EDUCATION COUNCIL
Corporate Credit Card Expenditure Report

Vendor #

Cardholder Name _____ Account # _____

Name _____ Program _____ Date _____

Please submit with each credit card use. Do not wait for the statement.

DATE	PARTICULARS (attach credit card receipts)	EXPENSE CODE	TOTAL
		Total	

Corporate credit cards may not be used for personal expenditures.

Submitted By

Employee's Signature _____

Date _____

Approved By

Supervisor _____

Date _____

For Finance Use Only

Batch #

Date

Cheque #