

**Kellogg Community College
Battle Creek, Michigan**

CREDIT CARD PAYMENT REQUEST

PAYABLE TO _____

ADDRESS _____

CITY AND STATE _____

The claim must be properly itemized.

DATE	CHARGE DESCRIPTION	AMOUNT
Total		

ACCOUNT NO: _____

I hereby certify that the foregoing account is just and correct; that the amount for charge is legally due, after allowing all just credits; and that no part of the same has been paid.

APPROVED	DATE
CHAIRPERSON/DIRECTOR	
ACADEMIC DEAN AND/OR VICE PRESIDENT	
DIRECTOR OF PURCHASING	