Town of Clayton

CREDIT CARD AUTHORIZATION

Department:

Department Head:

Date:

VENDOR: Company Name and Address:

Job Description:

Please identify purchased merchandise below or attach documentation (receipt).

QUANITY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
			SUBTOTAL	
			SALES TAX	
			TOTAL	

I hereby verify that I authorized the purchase of the merchandise listed above.

_____
Department Head Signature

_____
Date