

# CCS Credit Card Receipt

*~One receipt for form~*



**CASCADE**  
CHRISTIAN SCHOOLS

Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

General Ledger Acct and Number: \_\_\_\_\_

Amount of Receipt: \_\_\_\_\_

Purpose of Purchase: \_\_\_\_\_

\_\_\_\_\_

Gift Card Recipients or Meal Attendees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach Receipt

Here

District Approval: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_