

**ST. NORBERT COLLEGE
 MASTERCARD PAYMENT APPROVAL FORM**

Please print

Name: _____

Department/Area _____

Use this form to document monthly credit card charges and associated Banner account coding. Documentation should comply with Credit Card Policy requirements including the following:

- Original receipts must be included. In the case of internet purchases, a printout of the order form from the web site is an acceptable substitution for an original receipt. If receipts cannot be provided, a written explanation must be supplied.
- Any disputed items must be noted. The cardholder is responsible for dispute resolution.
- A written description of the business purpose of each charge must be provided. In the case of entertainment/hospitality expenses, the names and titles of those being entertained must be included.

MasterCard Payment Approval forms including valid and complete accounting information must be returned to the Business Office within 3 weeks of the date bills are sent to cardholders.

Description / Comment	Fund Code	Org Code	Account Code	Amount
Total				

 Cardholder Signature Date

 Approval Signature Date