



# Charge Request

\*\*\*For use with VISA card payments only\*\*\*

Date of Request:

Center:

Requested By:

Payable to

Verified vendor accepts credit card payment via phone/online:

Charge Amount:

Date of Event:

Date Payment Required:

Authorized By (supervisor of person requesting charge):

Approved By (Budget Owner):

*See Purchasing Information Chart document to complete this section*

**Funding Source:**

HS - 101

EHS - 102

CACFP - 103

NF Fundraising - 106

NF United Way - 107

NF Other Contributions - 201

**Budget Category:**

**Special Instructions:**

*Include contact  
information  
to make payment*