Office of Compliance and Ethics
UNIVERSITY of WEST FLORIDA

Credit Card Receipt Documentation

Department: _____

Date: _____

Customer Name: _____

ID #: _____

Name on Card (if different): _____

Telephone #: _____

Card Type: ☐ Visa

☐ MasterCard

☐ American Express

Exp. Date: _____

Amount of Charge: $ _____

Deposit to: _____

Department: _____

Object Code: _____

Receipt #: _____

✂

Card Number (CONFIDENTIAL): _____

Description:

All Employees are required to follow the UWF paper document procedures