

Santee Community School

206 Frazier Avenue East

Niobrara, Nebraska 68760-7213

Phone: (402) 857-2741 Fax: (402) 857-2743

Credit Card Check Out Agreement

Date of Check out: _____

Name: _____

Purpose: _____

Names of People Covered: _____

Allowable charges include these listed below

- Fuel in school vehicle
- Meals
- Lodging
- Cab Fare/Parking
- Baggage fees for airline travel
- Additional pre approved charges: _____

Authorized by: _____

Allowable Rate per day per person (for meals): _____

*Fill in rate given by Business Office as rates are pre-determined by the GSA rate table.

I understand that I am responsible for the credit card and every charge made to it. I understand that I am responsible for returning receipts for every purchase made with the card and that all charges are allowable as above. I understand that if I do not have a receipt or if the charges are unallowable, that I will be personally responsible for the charges. I also understand that all receipts and charges need to be turned in the next business day following travel.

Signature of Employee or Board Member

For Office Use Only:

Reconciled _____

Date Card Returned _____

Credit Card# (Last 4) _____

Receipts Returned (Y/N) _____

Charges Allowable per above (Y/N) _____