



## Section Credit Card Charge Report Form

Charge Made by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of Member \_\_\_\_\_

Committee Chair/Treasurer signature \_\_\_\_\_

Amount Charged to Section Credit Card: \_\_\_\_\_

Vendor Paid with Credit Card \_\_\_\_\_

Purpose of expenditure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach all required invoices, receipts, and forms needed for approval of this request and email to MO-AWWA Treasurer:**

Email: [secretary-treasurer@awwa-mo.org](mailto:secretary-treasurer@awwa-mo.org)

CODE (Treasurer's use only): \_\_\_\_\_

DATE APPROVED \_\_\_\_\_