

Williston School District 29

VISA CREDIT CARD PURCHASE

Date: _____

Vendor name: _____

Address: _____

Description of Purchase: _____

Account # 1: _____

Account # 2: _____

Amount: _____

Requested by: _____

Approved by: _____

Principal/Supervisor/Funding Manager

*Attach all receipts, order forms or invoices.