



CREDIT CARD AUTHORIZATION FORM

DATE:

Vendor (Payee):

Company:

Address:

City:

State:

Zip:

Tax ID #:

Home #:

Work #:

AMOUNT:

Receipts Attached:

Purpose of credit card use:

Credit Card Use Requested by :

Credit Card Use Authorized by :

This Section for Accounting

Funding Source :

Date of credit card use :

Credit Card Auth #:

Account #:

Amount \$:

Account #:

Amount \$:

Account #:

Amount \$:

Account #:

Amount \$:

Account #:

Amount \$:

Total \$

Prepared by :

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