

Community Services of Northeast Texas, Inc.

304 E. Houston • P.O. Box 427

Linden, Texas 75563

DEBIT/CREDIT AUTHORIZATION

Date: _____ Date Charge/Debit Required: _____

Phone Purchase: _____
Amount of Charge/Debit: _____
Phone number called: _____
Vendor: _____

Securing Services: _____
Hotel rooms 1st night + \$25. per room: _____
Car rental 150% of contract: _____
Amount of Charge/Debit: _____
Vendor: _____
CARD MAY OR MAY NOT BE CHARGED

Online Purchase: _____
Amount of Charge/Debit: _____
Vendor: _____
Website: _____

In Person Purchases _____
Print Name
Amount of Charge/Debit _____
Vendor _____
CARD OUT _____ initial _____ date CARD IN _____ initial _____ date

APPROVED REQUISITION MUST BE ATTACHED

Bank transfer balances verified: _____
Accounting Approval Date

Purchase / securing approval: _____
Program Approval Date

Program Approval Date

Program Approval Date

Executive Director Date