



Unitarian Universalist  
Congregation of Venice

# UUCOV Credit Card Use Form

For all purchases made with a UUCOV credit card, *please fill this form out and **staple receipts to the back.***

**Place the completed form in the Office Administrator's mailbox.**

*Thank you!*

Your Name: \_\_\_\_\_

Date credit card was used: \_\_\_\_\_

Which Card was used? (name on card & last 4 digits) \_\_\_\_\_

Committee to be charged to: \_\_\_\_\_

Approved: \_\_\_\_\_

Committee Chair or Treasurer

Item(s) purchased	Vender	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Add any additional information below:*