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Brian Bontempo, Ed.D., Superintendent
Second Director

CREDIT CARD RECEIPT CHARGES

CARDHOLDER NAME: _____

DATE: _____

STATEMENT CUTS OFF ON THE LAST DAY OF EACH MONTH. PLEASE KEEP ALL OF YOUR RECEIPTS AND ATTACH TO THIS FORM AND SUBMIT TO THE TREASURERS OFFICE BY THE 5TH OF EACH MONTH. PLEASE LIST THE CHARGES AND PO#'S ON THIS FORM AND APPROVE FOR PAYMENT BY INITIALIZING EACH RECEIPT.

SUPERVISOR'S APPROVAL FOR PAYMENT _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

Date: _____ Amount: _____ Vendor & P.O.#: _____

TOTAL: _____

APPROVED FOR PAYMENT BY: _____

MISSION STATEMENT

To excel in providing innovative programs and quality services that add value to our educational community.