



CASS COUNTY
REQUEST FOR CREDIT CARD USE

[\$1 - \$5,000]

Office of the County
Administrator

I. ACTIVITY CENTER

A. Director: _____

B. Department: _____

C. Date Submitted: _____

D. Signature: _____

II. IDENTIFY FINANCIAL TRANSACTION REQUESTED

A. Vendor Name: _____

B. Payment and Costs: _____

C. Description of Transaction: _____

D. TOTAL COST: _____

E. General Ledger Number: _____

***ATTACH SUPPORTING DOCUMENTATION**

III. OTHER INFORMATION

IV. AUTHORIZATION

Date: _____

Date: _____

County Administrator, Matthew Newton

County Treasurer, Hope Anderson