

# CORPORATE CARD USE

Name on Corporate Card: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant Name: \_\_\_\_\_



**Please attach receipts**

Date Charged	Vendor	Purpose	Amount	Acct #
<b>TOTAL EXPENSES</b>				

**Claimant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed form & all supporting documents to:**  
**WESTOP SoCal Chapter**  
**Attn: Angie Alvarez**  
**Pasadena City College**  
**1570 East Colorado Boulevard - Room V104**  
**Pasadena, CA 91104**

Office: (626) 585-7362 Cell: (626) 765-1325 Email: axalvarez@pasadena.edu

**TREASURER USE ONLY**

<i>Treasurer Approval</i>	<i>Check #</i>	<i>Date Issued</i>	<i>QB entry date</i>
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