

CORPORATE CARD USE

Name on Corporate Card: _____

Date: _____

Claimant Name: _____



Please attach receipts

Date Charged	Vendor	Purpose	Amount	Acct #
TOTAL EXPENSES				

Claimant Signature: _____

Date: _____

Mail completed form & all supporting documents to:

WESTOP SoCal Chapter
Attn: Miguel Zarate Jr.
Riverside City College
4800 Magnolia Avenue
Riverside, CA 92506

Office: (951) 328-3535 Email: miguel.zarate@rcc.edu

TREASURER USE ONLY

Treasurer Approval

QB Entry Date
