

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: Elizabeth Morales Y22

Long Beach City College Upward Bound

4901 E. Carson St.

Long Beach, CA 90808

Office: (562) 938-3188

Cell: (562) 477-0697

Email: emorales@lbcc.edu

TREASURER USE ONLY

Treasurer Approval

QB Entry Date
