



**DOUGHERTY COUNTY SCHOOL SYSTEM
CREDIT CARD USAGE FORM**

All information requested must be completed
(attach customer copy of receipt)**

DATE: _____

GASOLINE
DIESEL

\$ _____ *

OIL
OTHER

*If a bill contains two separate items,
please use two lines for coding.

CHARGE TO ACCOUNT CODE # * _____

School Vehicle # _____ Odometer Reading _____ Personal Car Tag # _____

PURPOSE OF TRIP: _____

NOTE: All employees using a credit card are responsible for his/her receipt. Any employee losing a receipt will be charged \$3.00 for replacement.

CARD HOLDER'S SIGNATURE