

**CREDIT CARD PURCHASE FORM**

This form should be filled in for any online/telephone purchases made using the departmental credit card. **Please ensure the completed form and credit card are both returned to Liam Cairns.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | | |
| Kent Hospitality section *(please tick)*: |  | Tanglewood |  | | Housekeeping | |  | Catering | | |  | | Reception |
| Date card collected: |  | | | | | | | | | | | | |
| Name of supplier: |  | | | | | | | | | | | | |
| Details of item(s) purchased: |  | | | | | | | | | Value of item(s): | | | £ |
|  | | | | | | | | | £ |
|  | | | | | | | | | £ |
|  | | | | | | | | | £ |
| Total order value *(please tick to indicate VAT status)*: | £ | | |  | | Inclusive of VAT | | | |  | | VAT exempt | |
| Date of purchase: |  | | | | | | | | | | | | |
| Cost code: |  | | | | | | | | | | | | |
| Approved by:  *(SMT member)* | Signature: | | | Print name: | | | | | Date: | | | | |
| **For Finance dept use only** | | | | | | | | | | | | | |
| Date received: |  | | | | | | | | | | | | |
| Total cost: |  | | | | | | | | | | | | |
| Credit card statement date: |  | | | | | | | | | | | | |
| Journal ref: |  | | | | | | | | | | | | |