

Date : \_\_\_\_\_

**CREDIT CARD PAYMENT RECORD**

Student's Name:	
Purpose of Payment:	
Family ID & Offer No:	
Amount Authorised :	\$
<b>OFFICE USE ONLY</b>	
Date:	
Amount Paid:	\$
Receipt Number:	
Officer's Signature:	

The section below is to be destroyed after processing of the bank reconciliation which contains this payment

-----

Cardholder Name:																						
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard																					
Card Number:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						-						-					-				
					-						-					-						
Card Expiry Date:	_____ / _____																					
Signature:																						