

GENERAL INFORMATION Purpose Pinnacle Credit Card Purchase Billing Period (Monthly) Starting Date: **Ending Date:** Name Department **Gavilan Number** (G#) Date of Organization **Account** Vendor **Description/Reason of Purchase Amount Purchase** Number Number **Total AUTHORIZED SIGNATURE**

^{***}Approval signature on this form signifies that **funds are available, expense is allowable, and is an appropriate authorized purchase** given the credit card acceptable use policy.***