

Corporate Credit Card Usage Request

Authorization must be obtained prior to requesting use of the credit card. Once purchase has been made please return detailed receipt to accountspayable@hhmcpas.com.

Vendor Name: _____

Purpose for Charge: _____

If this is a meal please list the attendees: _____

If this is for travel please list the travelers: _____

Is this client billable? Yes No

Client #: _____

Client Name: _____

Will this charge be recurring? Yes No

of occurrences: _____

Timing of transactions: Monthly Quarterly

Amount: _____

Date of Transaction: _____

Amount of Transaction: _____
If over \$250 dollars supervisor approval must be obtained.

Name of purchaser: _____

Signature of purchaser: _____

Large Expense Guidelines: HHM defines a large expense as any purchase over \$250. It is preferred that you request that the vendor invoice HHM directly for the purchase. Of course, we understand that this is not always an available option. In those situations you must have approval of your PIC or Manager to use the credit card. Please provide all supporting documentation to accountspayable@hhmcpas.com prior to making any purchases.

Over \$250 Approval of PIC/Manager: _____

Date: _____



CERTIFIED PUBLIC ACCOUNTANTS

Last 4 digits of card: _____