

Regina Open Door Society

Credit Card transactions form

Date:

Department:

Form ID

Transactions Period:

Requested by:

Credit Card Holder:

Credit Card Number:

[illegible]**Total Amount**

0.00

Manager/Director Approval:

Date: _____

Notes:

- 1 Each Item is one invoice. Each Invoice must record separate GST () PST(), and have a total matching with invoice & Credit Card statement line
2 "Requested by", the personal who filled this form. "Requester by" and "Manager/Director Approval" can not be the same person.
3 Form ID is DepIDMonthDate. For an example: DC0601. (Day Care June 1 form)

4 Departments	DepID
Settlement & Family	SF
Language	LI

Departments	DepID
Central Admin.	AD
Day care	DC

- 5 Total Amount" must match with Credit card statement.

Regina Open Door Society
Funds transfer Form

Transfer Date: _____

Credit Card Transaction Form ID _____

Transactions Period: _____

Requested by: _____

Credit Card Holder: _____

Credit Card Number: _____

From Bank account _____

Transfer amount: _____

AP Print Name _____

AP Signature _____

Signer 1 _____

Signer 2 _____

Notes:

Department/Title	Cardholder	Credit Card ID
CEO		
Settlement	Oudalay Senevonghachack	
Employment	Tatiana Zotova	
Administration	Keith Karasin	
Day Care	Donalee Wennberg	
Communication Department	Victoria Flores	