

1.

2.

3.

Amount:



## CREDIT CARD TRANSACTION FORM FHSU Alnwick

| The Depa              | artment Administrative A        | ssistant is | to compl  | ete the | follow | ing info | rmation:          |   |
|-----------------------|---------------------------------|-------------|-----------|---------|--------|----------|-------------------|---|
| Tr                    | raveler Name:                   |             |           |         |        |          |                   |   |
| St                    | udent FHSU ID:                  |             |           |         |        |          |                   |   |
| D                     | epartment Name:                 |             |           |         |        |          |                   |   |
| card payr<br>The Stud | ent Fiscal Services staff a     | e to comp   | olete and |         |        |          |                   | · |
|                       | nwick Signature Program         | Cost Cent   | er        |         |        |          |                   |   |
| a. S                  | student 1st payment:            |             |           |         |        |          | T                 |   |
|                       | Name of SFS staff member:       |             |           |         |        |          | SFS stamp (below) |   |
|                       | Date of transaction:            |             |           |         |        |          |                   |   |
|                       | Transaction                     |             |           |         |        |          | _                 |   |
| _                     | Amount:                         |             |           |         |        |          |                   |   |
| b. S                  | tudent 2 <sup>nd</sup> payment: |             |           |         |        |          |                   |   |
|                       | Name of SFS staff member:       |             |           |         |        |          | SFS stamp (below) |   |
|                       | Date of transaction:            |             |           |         |        |          |                   |   |
|                       | Transaction Amount:             |             |           |         |        |          |                   |   |
| c. F                  | aculty Leader payment:          |             |           |         |        |          |                   |   |
|                       | Name of SFS staff               |             |           |         |        |          | SFS stamp (below) |   |
|                       | member:                         |             |           |         |        |          |                   |   |
|                       | Date of transaction:            |             |           |         |        |          |                   |   |
|                       | Transaction                     |             |           |         |        |          | 7                 |   |

- 4. The traveler will return the credit card transaction form and receipt to the department after each payment.
- 5. The Department Administrative Assistant will keep this form and receipt for reconciling in Workday. For FHSU Alnwick, Administrative Assistants will add payment information to the FHSU Alnwick Tracking Excel sheet.

## **Alnwick Program Cancellation/Refund Policy**

Students: Payment 1 is due March 15 and is NON-REFUNDABLE
Students: Payment 2 is due April 15 and is NON-REFUNDABLE
Faculty: Payment is due December 1 and is NON-REFUNDABLE after April 1