

**Town of Southborough
Credit Card Usage Form**

Date: _____ **Physical Custody of Card** (circle one): **Yes** **No**

Deaprtment: _____

Account Number to be Charged: _____

Amount: \$ _____

Description of Purchase:

Signed: _____
Authorized Signature/Department Head

Signed: _____
Town Accountant

CARD RETURNED _____

Original invoice or sales receipt attached: _____

Original credit card receipt attached: _____