

**Town of Southborough
Credit Card Usage Form**

Date: _____

Physical Custody of Card (circle one):

Yes **No**

Department: _____

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: _____