



PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

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Superintendent

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Ryan Steffen

Athletic Director

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Credit Card Use Approval Form

Name _____

Date _____

Name of Company _____

Description of Purchase _____

AMOUNT OF PURCHASE _____

Account Paid From _____

Superintendent signature

***Superintendent signature required before credit card use**

***Copy of this form and a RECEIPT must be turned into Superintendent**