



# Texas 4-H Youth Development Foundation

P.O. Box 11020  
College Station, Texas 77842-1020

Reference # \_\_\_\_\_

## CREDIT CARD PAYMENT REQUEST FORM

*Revised: May 2023*

Date: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Total Statement Balance: \_\_\_\_\_

Please include all the programs in the statement and their amounts. The total should add up to the statement balance.

Include all receipts in one document for all the programs.

Amount \$ \_\_\_\_\_ Program \_\_\_\_\_

Amount \$ \_\_\_\_\_ Program \_\_\_\_\_

Amount \$ \_\_\_\_\_ Program \_\_\_\_\_

Explanation of Expenditure\*:

Required attachments:

- Wells Fargo Statement
- Wells Fargo Mastercard Expenditure Detail
- Receipts (ALL Receipts need to be itemized)

*\*Attach copies of bills, invoices, receipts, and/or vouchers. All receipts should add to the total balance statement (If copies are unavailable, a signed affidavit of cost and justification will be required).*

\_\_\_\_\_  
Signature of Cardholder, verifies adequate account and proper use of funds.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Manager (if different from Cardholder), verifies adequate account and proper use of funds.

\_\_\_\_\_  
Date