Texas 4-H Youth Development Foundation
P.O. Box 11020
College Station, Texas 77842-1020

CREDIT CARD EXPENSE REPORT FORM

Revised: August 2026

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:

- ☐ **Credit Card Statement**
- ☐ **Reconciliation Report (Excel Spreadsheet)**
- ☐ **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