



The American-Scandinavian Foundation @ Scandinavia House 58 Park Avenue | New York | NY 10016

## Credit Card Processing Request

Name on credit card: \_\_\_\_\_

Type of credit card: \_\_\_\_\_

Credit card account #: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

Amount being charged: \_\_\_\_\_

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Department Charged: \_\_\_\_\_

Brief Description of Charge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by / date: \_\_\_\_\_

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### For Accounting Only:

Approval Code: \_\_\_\_\_

Processed By: \_\_\_\_\_

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