

# TOWN OF CLAYTON FIRE DISTRICT

## CREDIT CARD AUTHORIZATION

PO Box 221  
Clayton, NY 13624  
P: 315-783-0308

claytonfiredistrict@gmail.com  
F: 888-511-0497

**Department:**  
**Department Head:**

**DATE:**

**Vendor Name & Address:**

**Budget Line:**

QTY	ITEM #	DESCRIPTION	UNIT PRICE	AMOUNT

I hereby verify that I authorized the purchase of the merchandise listed above:

SHIPPING \_\_\_\_\_

Tax \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

TOTAL

\_\_\_\_\_  
\$0.00