



**SOLUTIONS THROUGH
INNOVATIVE TECHNOLOGIES, INC.**

Credit Card Request Form

Email creditcards@sti-tec.com

Contract:	
Employee Name:	
Address:	
City:	
State:	
Zip:	
Telephone:	
Email:	
Amount Requested:	
Employee Signature	Date: _____
Supervisor Signature:	Date: _____

As STI-TEC cardholder, I agree to use credit card for business purposes only and comply with company credit card policy. I acknowledge that all charges must be accompanied by a receipt to be filed with expense report.

For Office Use Only	
NAV Cost Code Job	
NAV No.	
NAV Cost Code GL	

Please Email completed form to: creditcards@sti-tec.com