



CREDIT CARD AUTHORIZATION

at the UOG Office of Administration and Finance – Cashier

Date: _____

I (Full Name on the card) _____ hereby authorize the University of Guam to charge my credit card payment for Account No.: **CLASS-DEAL Language Arts Conference Account** / General Ledger / Revenue #: **28-34-160515-N / 28-00-160515-0-4401010** for the purpose of **CLASS 32nd Annual Regional Language Arts Conference, Nov 15-16, 2019 at the Pacific Star Resort & Spa, Guam.**

Full Name of Participant(s), if different from cardholder.

- 1. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____
- 2. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____
- 3. _____ Attendee \$ _____ Presenter \$ _____ Student Presenter \$ _____

TOTAL PAYMENT DUE: \$ _____

VISA / MASTERCARD / AMEX / DISCOVER

Card Number _____ - _____ - _____ - _____ Expiration: _____ CVC: _____

Signature _____ Date _____

EMAIL ADDRESS: _____ Phone Numbers (HOME): _____

MAILING ADDRESS: _____ (CELL): _____

_____ (WORK): _____

BUSINESS OFFICE USE

PLEASE EMAIL RECEIPT TO: dfernandez@triton.uog.edu and davisa9672@triton.uog.edu

FY2020 BUDGET

UOG RECEIPT # _____

TRANSACTION AUTHORIZATION CODE # / CONFIRMATION # _____

RECEIVED BY: _____ DATE RECEIVED: _____

Print Name / Signature

T: +1 671.735.2850 F: +1 671.734.3410 W: www.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913

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