

CREDIT CARD PHONE PAYMENT AUTHORIZATION

at the UOG Office of Administration and Finance – Cashier

Date:				
The Account No.: <u>CLASS-DEAL Language Arts Conference</u> 28-00-160515-0-4401010 for the purpose of: <u>CLASS 32nd</u>		•		
at the Pacific Star Resort & Spa, Guam.	Affilial Regional	Language Arts C	Onterence, NOV 15-10, 2019	
Full Name of Participant(s), if different from cardholder.				
	A.I	D		
1.				
2.				
3.	Attendee \$	Presenter \$	Student Presenter \$	
	TOTAL PAYMENT DUE: \$			
LAC STAFF Name / Signature Date	 e			
EMAIL ADDRESS:	Phone Nur	Phone Numbers (HOME):		
MAILING ADDRESS:		(CELL):		
		(WORK):		
	OFFICE US			
PLEASE EMAIL RECEIPT TO: <u>dferna</u>	andez@triton.	uog.edu and	davisa9672@triton.uog.e	
020 BUDGET G RECEIPT #	_			
NSACTION AUTHORIZATION CODE # / CONFIRMATION	N#			
CEIVED BY:		DATE RE	CEIVED:	
Print Name / Signature				