



**DOWNTOWN  
LONG BEACH  
ALLIANCE**

## **ALTERNATE AUTHORIZATION VISA CHARGE**

**Cardholder Name:** \_\_\_\_\_

**Billing Month:** \_\_\_\_\_

1. **GL Number:** \_\_\_\_\_

**Date of Purchase:** \_\_\_\_\_

**Name of Vendor:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **GL Number:** \_\_\_\_\_

**Date of Purchase:** \_\_\_\_\_

**Name of Vendor:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized by:** \_\_\_\_\_

**Date:** \_\_\_\_\_