



SkillsUSA Virginia  
P.O. Box 1127  
Dublin, VA 24084  
Phone: 540-818-9816  
Fax: 540-674-3634

Faxed Credit Card Information

**TRANSACTION TO:**

SkillsUSA VA Office:	Date:
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**FUNDS COLLECTED:**

State Leadership Conference Exhibitor: #Tables _____ X \$125	\$
State Leadership Conference Vendor: #Tables _____ X \$250	\$
Receipt Number: _____ (Office Use)	
Program Advertisement: Full Page - \$800/Half Page - \$400/Quarter Page - \$200/Eighth Page- \$100	\$
Receipt Number: _____ (Office Use)	
Event Sponsor (Specify Event)	\$
Receipt Number: _____ (Office Use)	
<b>Total:</b>	<b>\$</b>

**Credit Card Information:**

Business Name:	
Business Contact:	
Address:	
Phone:	
Name: (as it appears on card)	
Credit Card Number:	
Expiration Date:	Signature Security Code:
Please circle type of Credit Card – Visa    Mastercard    American Express	
Authorized Signature:	
<b>TOTAL FUNDS RECEIVED</b>	<b>\$</b>

**DELIVERED BY:** \_\_\_\_\_ David Rathbone \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_