

Credit Card Payment - Monday Masterclasses



BRISBANE STATE HIGH SCHOOL

OFFICE USE ONLY:

Name of Staff Member recording details: _____

Signature of Staff Member recording details: _____ Date: ___/___/___

Date Processed in OneSchool: ___/___/___

STUDENT NAME:

Workshop Name/s	Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL	\$

Name of Cardholder: _____

Phone Number of Cardholder: _____

Signature of Cardholder: _____

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This section will be shredded after receipt is processed

Mastercard **Visa**

Card No:

Expiry date on Credit Card: / CVV: