

Boulder Valley School District RE-2 Credit Card Payment Form

Date _____

Number _____

Type of Card VISA _____ MasterCard _____

Name _____

Received By _____

Address _____

City, State & ZIP _____ V-Code _____

Card # _____ Exp Date _____

Signature _____

Day Time Phone # In Case We Have Questions: _____

If Purchasing School Lunches, please complete the following:

Student's Name: (First & Last) _____

School _____ Grade _____

Lunch Acct Pin # _____ Amount _____

Student's Name: (First & Last) _____

School _____ Grade _____

Lunch Acct Pin # _____ Amount _____

Purpose

Account #

Amount

Mail to: Boulder Valley School District RE-2
Attn: Accounting Department
P.O. Box 9011
Boulder, CO 80301

Total _____

Telephone: (303) 447-5138
FAX: (303) 447-5039