



CITY OF
FORESTPARK

Purchasing Card Policy and Procedure Acknowledgement Form

I, _____, have read and been informed about the content, requirements and expectations of the City of Forest Park Purchasing Card policy for employees. I have received a copy of the policy and agree to abide by the policy guidelines.

I understand that if I have questions, at any time, regarding the P Card policy, I will consult with my immediate supervisor.

Employee Name:

Department:

Credit Card Type:

Last 4 numbers of Account Number:

Expiration Date:

Credit Limit:

I have received the purchasing credit card indicated above. I take responsibility for all expenses charged to this credit card. I understand misuse or abuse of this credit card or willful violation of the terms of this agreement may result in personal financial liability and disciplinary action.

Employee Signature

Date

Print Name



City of Forest Park
745 Forest Parkway
Forest Park GA, 30297
EIN: 58-6002562

Credit Card Authorization Form

Sign and complete this form to authorize _____ to make a one-time charge to the credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Home Depot <input type="checkbox"/> Lowes
Amount: \$
Cardholder Name (as Shown on card):
Card Number:
Expiration Date (MM/YY):
CVV:
Cardholder ZIP Code (Billing Address):

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/ services described above, for the amount indicated above only. I certify that I am an authorized user of the credit card and that I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in the form.

Cardholder Signature

Date

Director of Finance, CFO

Date



CITY OF
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Verification of Lost Receipt

Today's Date: _____

Date of Receipt: _____

Vendor Name: _____

Vendor Address: _____

Description of Expense:

Amount of Expense: _____

I hereby certify that the original receipt was lost, accidentally destroyed or unobtainable and that the information detailed above is complete and accurate.

Signed: _____

Approval: _____