



Authorization for use of County Credit Card

The person named below has my authorization to use the Gunnison County MasterCard credit card for the dates specified as outlined in Gunnison County Policy Statement No. 001.

All charges made on the card during this period will be vouchered for payment in the normal billing cycle and will be recorded against line items in my department. I understand the voucher will be prepared by the Finance Office using account coded receipts I submit when I return the credit card. I agree to return all receipts with a description of the expense, names of people involved and the account code to charge written on each one.

If the card is lost or stolen, the customer service department must be contacted immediately at 1 877 727-4801. The Finance Office will be notified as soon as possible during normal business hours.

I understand and agree to all the requirements and specifications listed on this Authorization for use of County Credit Card form and as detailed in Gunnison County Policy Statement No. 001.

Signature of Department Head

Date

Department

Printed name of person to use card

Destination

From: _____
Date issued

To: _____
Date to be returned