



COUNTY FINANCE CREDIT CARD APPLICATION:

Actions: Cardholder Director/Elected Official
 Direct Supervisor Reconciliation Representative

CARD INFORMATION:

Department Name: _____ Phone: _____

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Select Card Type: Employee Card Monthly Credit Limit \$ _____

Single Transaction Limit \$ _____

Travel Card Monthly Credit Limit \$ _____

Single Transaction Limit \$ _____

Cardholder Signature: _____ Date: _____

SUPERVISORY APPROVER WORKFLOW INFORMATION:

Appropriate approver authority and levels are decided by the Department Head or Elected Official. Departments may vary. System will allow Cardholder>Direct Manager>Director>Senior Director/Official.

Direct Manager Name: _____ EMAIL: _____

Director Approver Name: (if needed) _____ EMAIL: _____

Senior Director/Elected Official : _____ EMAIL: _____

APPROVERS SIGNATURE REQUIRED:

Department Head Signature:	Date:
Elected Official Signature:	Date:
Program Manager Signature:	Date:
Director of Financial I.T. Signature:	Date:
Chief Financial Officer/Co-Chief of Staff Signature:	Date:
County Mayor Signature:	Date:
Card Staff Internal Notes:	