

Budget Workshop Credit Card Authorization Form

Card Type: _____ Visa _____ Mastercard _____ Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

Receipt (Y/N): _____ Fax Number or Email for Receipt: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Authorization (Signature): _____

By submitting the 2022 Budget Workshop Credit Card Form, I am authorizing the Kansas Department of Administration to charge the credit card indicated in this authorization form for the amount indicated below. This payment authorization is for the services described below, in the amount indicated below only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.

Course Description	Cost
2022 Budget Workshop Registration Fee, per participant	\$75.00
Total Cost	

Class Date*	Name of Person(s) Attending*

**Required Fields*

Please mail or fax the completed form to Municipal Services Team:

Mail: Office of Accounts and Reports
 Attn: Municipal Services Team
 700 SW Harrison Street, Suite 300
 Topeka, KS 66603
Fax: 785-296-1477

For questions or assistance, please contact Lindsay Olson (Lindsay.A.Olson@ks.gov)