Budget Workshop Credit Card Authorization Form				
Card Type:	Visa	Mastercard	Discover	
Cardholder Name:				
Card Number:				
Expiration Date:			CVV Number:	
Receipt (Y/N):		-	Email for Receipt:	
Mailing Address:				
City:		State:		Zip Code:
Phone Number:				
Authorization (Signatu	ıre):			
form for the amount indicated below.	This payment author	rization is for the services described b	elow, in the amount indicated by with my credit card company, so	rege the credit card indicated in this authorization below only, and is valid for one (1) time use only. It long as the transaction corresponds to the terms

Course Description	Cost
2023 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)