

## 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 (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
2024 Budget Workshop Registration Fee, per participant	\$75.00
<b>Total Cost</b>	

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)