

Please do not email form

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 2026 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
2026 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 Isaac Dailey (Isaac.Dailey@ks.gov)