

## Audit and Agreed Upon Procedure (AUP) Credit Card Authorization Form

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Receipt (Y/N): \_\_\_\_\_ Fax Number for Receipt: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorization (Signature): \_\_\_\_\_

By submitting the Credit Card Authorization 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.

Fiscal Year	Description	Unit Price	Total Amount
	USD, Community College, All other education institutions	\$200	
	Rural Water Districts	\$200	
	County, City, Townships	\$300	
	Recreation Commission, Special Districts, Other Municipalities	\$300	
		<b>Total</b>	

### Provide Name(s) of Municipality Submitting AUP or Audit Filing Fee


**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 Municipal Services at [armunis@ks.gov](mailto:armunis@ks.gov).