



GARFIELD COUNTY CREDIT CARD USE FORM

Date of Transaction: _____

Reason or Meeting: _____

Number of People (if applicable): _____

Location: _____

Total Cost: _____

Additional Information: _____

Department Head Authorization: _____

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge.

DATED this _____ day of _____, 20_____.

Employee Authorization

Please attach applicable receipts: