



## GARFIELD COUNTY CREDIT CARD USE FORM

### FAM TOURS

Date of Transaction: \_\_\_\_\_

FAM Tour Name: \_\_\_\_\_

Number of People: \_\_\_\_\_

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: