



GARFIELD COUNTY CREDIT CARD USE FORM

LOST RECEIPT AFFIDAVIT

Date of Transaction: _____

Department: _____

Department Code: _____

Vendor/Business: _____

Total Cost: _____

Description of Charges: _____

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