Reset Form

Print Form

Miami-Dade County
Purchase and/or Travel Card Reconciliation Authorization
Fiscal Year 2010/2011

Department/Agency/Division _____

Approved By: _____ Date: _____

Department Director
(NO SIGNATURE STAMP)

_____

Department Director Name
(PLEASE PRINT OR TYPE)

Return by Monday, September 20, 2010

Return to: Dania Diaz, Finance Department, 111 N.W. 1st Street - Suite 2620

This form lists the names of the individual(s) authorized by the department director, in addition to him/herself, to be responsible for authorizing the departmental reconciliations of the County's Purchase and/or Travel Credit Card(s). Travel Cards are to be used only for transportation charges as outlined in A.O. 6-1 (Travel on County Business). Purchase Cards must follow the County procurement rules and regulations as outlined in A.O. 3-38 (Master Procurement). These cards **MUST NOT** be used for personal use.

This authorization, unless changed due to employee transfers, terminations or a re-assignment of duties, will be effective for the fiscal year ending September 30, 2011.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. If so, please make a **brief footnote on a copy of this form** explaining the cause/reason for the change(s) and forward to our office. Only a change in department director will require the completion of a new authorization form in its **entirety**.

This signature form is maintained in departmental order as proof of authorization for the processing of reconciliations submitted for payment, in the Finance Department, Controller's Division-Accounts Payable Unit.

NAME TYPE OR PRINT	Purchase(P) and/or Travel(T) Card or ALL for ALL Types of Cards	SIGNATURE* (PLEASE USE BLUE INK)

*PLEASE SIGN EXACTLY IN THE MANNER WHICH YOU WILL BE APPROVING ALL RECONCILIATIONS.