

**Miami-Dade County
Purchasing/Travel County Credit Card Liaisons**

Department/Agency: _____

Date: _____

DEPARTMENT DIRECTOR
(NO SIGNATURE STAMP)

DEPARTMENT DIRECTOR'S NAME
(PLEASE PRINT OR TYPE NAME)

Return by, Monday, September 17, 2012

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

DEPARTMENT: _____

DIVISION: _____

SECTION: _____

The above noted department has designated the person listed below to act as the Credit Card Liaison (Purchasing/Travel County Credit Card Liaisons) for the 2012-13 fiscal years:

NAME:* _____

LOCATION: _____

TELEPHONE NO.: _____

FAX NO.: _____

E-MAIL ADDRESS: _____

* This is the individual(s) who will serve as our point of contact between the department and Finance Department P-Card Program Administrator(s) or accounts payable staff for additional information on the County issued credit card (i.e. concerns, problems, issues) and/or new items related to the "Program". This individual(s) will also receive all written notifications that pertain to the County's Credit Card Program or the Bank's program "WORKS".

* Please provide a separate form for each individual liaison.