

Miami-Dade County
Purchase (P-CARD) and/or Travel Card Reconciliation Authorization Signatures
Fiscal Year 2014-2015

Department/Agency/Division: _____

Approved by: _____ Date: _____

DEPARTMENT DIRECTOR SIGNATURE
 (NO SIGNATURE STAMP)

DEPARTMENT DIRECTOR NAME
 (PLEASE PRINT OR TYPE)

Return by Monday, September 15, 2014

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 (P-Card) and/or Travel Credit Card(s). Please note that these signatures are not for the actual cardholders, in addition, if applicable these individuals must authorize reconciliations other than their own.. 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's 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, 2015.

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.

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

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