



## San Juan County Credit Card Authorization form

**First Name** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ **Department:** \_\_\_\_\_

By signing this form you certify that you:

1. Have read and understand the San Juan County Credit Card Policy and agree to comply with all federal and state laws as well as San Juan County Policies and Procedures.
2. Acknowledge that any unauthorized use of the San Juan County Credit Card may result in criminal charges.
3. If the San Juan County Credit Card is used for personal expenditures by accident, I acknowledge understanding that State law requires that I reimburse San Juan County for 150% of the charged expense.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved By:**

**Chief Administrative officer**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_