

Do not email this information

## Municipal Services Credit Card Form

Payment Type:	VISA _____	MC _____	AMEX _____	DISC _____
Account Number:	_____			
Expiration Date:	_____	V-Code:	_____	
			3 digit # on back (far right)	
Name as it appears on the card:	_____			
Mailing Address:	_____			Receipt Needed (Y/N) _____
City:	_____	State:	_____	ZIP Code: _____
Phone:	_____			Fax Number for Receipt: (    ) _____
Signature:	_____			

Quantity	Description	Unit Price	Total Amount	State Use Only
	Early Registration - Workshop/Seminar - Municipal Official			2099
	Late Registration - Workshop/Seminar - Municipal Official			2099
	Early Registration - Workshop/Seminar - Non-Municipal Official			2099
	Late Registration - Workshop/Seminar - Non-Municipal Official			2099
	Audit Fee (USD & Rural Water Districts)			2010
	Audit Fee (All Others)			2010
	Budget Assistance			2020
	<b>Total</b>			

Reason for Payment:

**For Agency Use Only:**  
 Date: \_\_\_\_\_ Clerk I. D.: 85 Authorization No. \_\_\_\_\_

Funding Information: **State Use Only**

Fund	BFY	Index	PCA		RevSubObj	Amount
2033	2007	1850	85010		2099	
2033	2007	1850	85010		2010	
2033	2007	1850	85010		2020	
Total						

**Options for Submitting Credit Card Form:**  
**Fax to:** 785-368-6691  
**Mail to:** Municipal Services Team  
 Division of Accounts & Reports  
 900 SW Jackson St, Room 351S  
 Topeka KS 66612-1248  
**Questions: Call (785) 296-4799**