



# City of Middletown

## Authorization for Payment of P-Card Activity

<b>Cardholder</b>	
<b>Department</b>	
<b>Billing Cycle End Date</b>	
<b>Cardholder's Total Spending for Billing Cycle</b>	

<b>Received by:</b>	(signature)
<b>Unit price checked by:</b>	(signature)
<b>Extensions &amp; totals checked by:</b>	(signature)
<b>Documentation reconciled to billing statement by:</b>	(signature)

**Department Authorized Signature:**

I certify that the above items or services which require this payment were received, counted, and examined by me or by the individual(s) whose signature(s) appear above. I further certify that any items or services are as ordered, are in good condition, are in accordance with the terms and conditions of any applicable contract whether written or oral, and represent proper expenditures for this department.

\_\_\_\_\_

Signature Date

**Finance Department:**

Posting information, extensions, and totals reviewed:  Yes  No \_\_\_\_\_  
Initial

Supporting documentation reviewed by: \_\_\_\_\_  
Initial