



Yakutat Tlingit Tribe

P.O. Box 418
606 Forest Hwy 10
Yakutat, Alaska 99689
Phone: (907) 784-3238 Fax: (907) 784-3595

CREDIT CARD REIMBURSEMENT AGREEMENT

Per Credit Card Policy, Section 5) Responsibility - Any unauthorized transactions, transactions missing itemized receipts and / or not accompanied by a Missing Receipt form will be recorded as an accounts receivable and the cardholder will be expected to reimburse the Tribe. Failure to reimburse these transactions within five (5) business days upon date of charge or notification, whichever is later, will result in an automatic payroll deduction for the entire transaction amount. Failure to abide by any of these rules will result in card cancellation

This agreement authorizes the Yakutat Community Health Center to deduct the amount of any unauthorized transactions, transactions missing itemized receipts and / or transactions not accompanied by a Missing Receipt Form and all finance charges from the employee's next paycheck or paychecks until it is repaid in its entirety and not to exceed ninety (90) days.

Amount Due to Yakutat Community Health Center:

\$ _____ Charged to Credit Card

\$ _____ Finance Charge(s)

\$ _____ **Total Amount Due**

I authorize and agree to make payment in the above amount and understand that failure to make full reimbursement within 90 days may result in penalty of civil and / or criminal prosecution, including actions to recover the full amount of loss, including administrative costs.

I agree to make full payment without deductions to my paycheck(s). (*Attach Money Order or Cashier's Check*)

I request to have the full amount deducted from my paycheck(s) until fully reimbursed.

Employee (Print): _____ **Job Title:** _____

Employee (Signature): _____ **Department:** _____

Date: _____

APPROVAL: _____ **DATE:** _____

(Signature)