Yakutat Tlingit Tribe

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

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CREDIT CARD REQUEST FORM

Responsibility

Itemized receipts and Missing Receipt Form(s) will be turned into the Accounting Department for review and maintenance of file information for the fiscal year. Securing a copy of lost receipts is the responsibility of the cardholder. If for any reason the cardholder cannot provide an itemized receipt for business related purchases and / or activity, they must complete a Missing Receipt form and obtain all necessary signatures. All questionable charges will be handled immediately by the cardholder upon notification from their immediate supervisor. Alcohol and tobacco products are forbidden. 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 and may lead to civil or criminal action to recover the full amount of transactions including administrative costs.

Cardholders will be required to reconcile charges/receipts on monthly statements and turn into the Accounting Department within five (5) working days upon receiving the monthly statement. Cardholders using credit cards for lodging, mileage, and / or meals shall not be entitled to claim per diem for the same items. Cardholders, who receive per diem then bill their lodging onto the credit card, will be immediately reported to their immediate supervisor. They will be required to pay back the charges, including interest and appropriate disciplinary action will be taken.

CARD ISSUED TO:

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

SSN _____   **DOB:** _____/_____/_____xxxx

Email: _____   **Phone:** _____

Employee (Signature):_____**Entity:**_____

Date Received:_____

_APPROVAL:_____**DATE:**_____
                    (Signature)