St. Clair County Community Mental Health

Request for Staff Credit Card

Employee to receive card: _____

Executive Team member requesting card: _____

Rationale for needing card: _____

_____

☐ Approved by Executive Team ☐ Denied by Executive Team Date: _____

_____

Chief Executive Officer Signature:

My signature below indicates that I understand and agree to abide by the terms and conditions of the CMH guidelines in the Board Fiscal Responsibilities policy and that my social security number will be provided to the credit card company at the time of application.

_____

Employee Signature:

Social Security #: _____

Card Number: _____ Expiration Date: _____

cc: Personnel File