

STATE OF CALIFORNIA
TRAVEL PAYMENT SERVICES
MEETING CARD ACCOUNT PAYMENT
DGS OFAM 103 (Revised 1/2024)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF FLEET AND ASSET MANAGEMENT

No Meeting Card Account charges may be processed through the contracted Travel Payment Services without Signature Authorization from the Authorized Representative of the following department:

Department's Name: _____

Today's Date	Meeting Dates
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Contractor Name _____

Contractor Address	City	State	Zip Code
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The Travel Payment Services Meeting Card Account Number assigned specifically to the following meeting and for no future dates or meetings is provided below:

Meeting Name _____

Travel Payment Services Meeting Card Account Number	Expiration Date
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The last five digits and expiration date will be provided at the time payment is authorized.

Authorized Representative

Name _____

Email Address	Phone Number	Mobile Number
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Payment of Invoice

Upon completion of the meeting, the Contractor's accounting office will present to the Authorized Representative a detailed folio/invoice for all charges. If the Authorized Representative is satisfied the charges are correct, then signature approval is given on the invoice.

If the folio/invoice is not presented upon completion of the meeting, the Contractor's accounting office will email the Authorized Representative a detailed invoice for all charges within 30 days of the event.

The Authorized Representative will review the invoice within 15 days to ensure that all charges are correct. If the Authorized Representative is satisfied the charges are correct, he/she will authorize the Contractor in writing to process the charges as a single transaction to the Travel Payment Services Meeting Card Account Number noted above.

Disputed Charges

The Authorized Representative has the right to challenge or contest any charges to the Travel Payment Services Meeting Card Account Number which exceed amounts agreed to, are unsupported by adequate documentation, or the Authorized Representative believes there is just and reasonable cause to challenge.

Amount Approved	Authorized Representative Signature	Date
\$		