

Dear IDSA Corporate Card Holder:

Enclosed for your review are several documents pertinent to using your new SunTrust Visa Corporate Card.

These items have been listed below for your convenience. Please indicate that you have received and read these documents by placing a check mark in the empty box next to each item.

\_\_\_\_ *Disbursements & Corporate Credit Card Usage Policy (IDSA)*

\_\_\_\_ *Missing Receipt Form* – To replace missing receipts from credit card purchases.

\_\_\_\_ *Credit Card Reconciliation Schedule* – Due dates for monthly transactions/reconciliation to IDSA Accounting

\_\_\_\_ *Request for Payment Form* – To request payment by check or central corporate card from Accounting

\_\_\_\_ *Credit Card Limit Increase Form* – To request increase in credit card limit.

**Please sign below that you understand and agree to follow the policies and procedures as outlined in the attached documents and then submit this signed acknowledgment to Korie Twiggs, Community Manager.**

***Upon receipt of your signed acknowledgment and your old SunTrust credit card (if you have one) and any outstanding receipts, Bridget Brooks, Staff Accountant, will pass along your new credit card*** so that you may activate it by dialing the toll-free customer service number and entering the last four digits of your social security number when prompted.

Thank you for your cooperation and timely response. Please let Philip or Bridget know if you have any questions or need assistance.

Sincerely,  
Lisa Brenner  
Senior Director of Finance & Accounting

**Please provide the following details so we may process your request:**

**Full Name (as it should appear on the card):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Last 4 digits (Only) of your Social Security number:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Sign Here** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2020 Credit Card Reconciliation Schedule

<b>Month End</b>	<b>Receipts Due Date to Bridget Brooks (next business day if weekend day indicated):</b>
January	February 3rd
February	March 3rd
March	April 3rd
April	May 3rd
May	June 3rd
June	July 3rd
July	August 3rd
August	September 3rd
September	October 3rd
October	November 3rd
November	December 3rd
December	January 3rd

**IDSA**  
**Credit Limit Increase Request Form**

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Cardholder Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Date Range of Credit Limit Increase: \_\_\_\_\_

Amount of Credit Limit Increase: \_\_\_\_\_

Purpose of Credit Limit Increase: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Authorizing Agent (Director of Membership or Director of Operations)

\_\_\_\_\_  
Approval Date

**Accounting Office Use Only:**

Credit Limit Increased by: \$ \_\_\_\_\_

Credit Limit Increased to: \$ \_\_\_\_\_

Change in credit limit set to expire on \_\_\_\_\_

Indicate which corporate card's limit was reduced to accommodate this increase:  
from an original limit of \$ \_\_\_\_\_ to a revised limit of \$ \_\_\_\_\_

Confirmation of resetting cards to original limit (initials): \_\_\_\_\_ on date indicated: \_\_\_\_\_

**IDSA**  
**Missing Receipt Form**

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**Name:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Date of Expense:** \_\_\_\_\_

**Amount of Expense:** \_\_\_\_\_

**Purpose of Event:** \_\_\_\_\_

\_\_\_\_\_

**Account Coding:**  \_\_\_\_\_  
(account - department - member group - program)

**Expense Description** \_\_\_\_\_

**If a meeting/group meal expense, list individuals present:** \_\_\_\_\_  
\_\_\_\_\_

**\*Important Note:** If original receipts are not submitted for charged expenses, it may become necessary to issue personal 1099-Misc. Income tax forms to the IRS at year end for any unsupported expenses, which could create a tax liability for the respective individual. Please help us avoid this scenario by maintaining and submitting all of your monthly supporting receipts in a timely manner.

**Signature and Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**IDSA  
REQUEST FOR PAYMENT FORM**

NAME OF PAYEE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_ CHECK

\_\_\_\_\_ CORPORATE CREDIT CARD\*

\*First confirm that vendor accepts payment by credit card (Visa).

PURPOSE OF EXPENSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ITEMIZED EXPENSE DESCRIPTION (TYPE OF EXPENSE & EVENT/PROGRAM NAME)	EXPENSE ACCOUNT # (xxxx-xxx-xxx-xxx):	DATE OF EXPENSE	\$ AMOUNT:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>*FOR CHAPTER EVENTS ONLY*</b>	
Was a SCARF Submitted &	YES _____
Approved by the Chapter	NO _____
VP?	

**Total Amount = Payment Amount**

If Contract amount is over \$30k, see below

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*Payment Request Form must be approved by the Executive Director (ED), Sr Director of Operations, or the Sr Director of Finance and Accounting. Amounts equal to or greater than \$15,000 must be approved by two of the following: the Executive Director, Sr Director of Operations, and/or the Sr Director of Finance and Accounting. For all amounts greater than \$30,000, please attach Executive Committee approval, or for amounts greater than \$100,000, please attach Board of Directors approval.**

<b>Accounting Office Use Only:</b>	
Paid by IDSA Central Credit Card on (Date) _____	By: _____
Vendor Contact Name/Other Info for Credit Card Payment Processing: _____	