## **Citibank Meeting Card Account**

## **Payment Process**

No charges may be processed through Citibank without Signature Authorization from the Authorized Representative of the following department: (Department's Name)	
Contractor Name:	
Street Address:	
City, State, Zip Code:	
The Citibank Meeting Card Account Number a meeting and for no future dates or meetings is Meeting Name:	s provided below:
Citibank Account Number: The <u>last five digits</u> and <u>expiration date</u> will be pr	Expiration Date:/ rovided at the time payment is authorized.
Authorized Representative	
Name:	Phone Number:
Email Address:	Mobile Number:

## **Payment of Invoice**

Upon completion of the meeting, the hotel accounting office will present to the Authorized Representative a detailed folio/invoice for all charges. If the Authorized Representative is satisfied that 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 to 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 that the charges are correct, he/she will authorize the Contractor in writing to process the charges as a single transaction to the Citibank Meeting Card Account Number noted above.

## **Disputed Charges**

The Authorized Representative has the right to challenge or contest any charges to the Citibank 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.

Approved for: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_