



PROCUREMENT AND TRAVEL CARDHOLDER DISCLOSURE ACKNOWLEDGEMENT

State Form 55784 (R2 / 8-16)
INDIANA DEPARTMENT OF ADMINISTRATION

This is to confirm that I, _____, the cardholder, have been informed that it is MY responsibility to, within sixty (60) days of completing the Program Overview Training for the Procurement or Travel Cardholder Training, to complete and submit a Financial Disclosure Statement form to the Inspector General's Office. I also understand that it is MY responsibility to file a Financial Disclosure Statement annually by February 1st of each year with the Inspector General's office.

I further understand that it is MY responsibility to, within thirty (30) days of leaving state government or change of position or responsibilities where my purchasing or travel authority will not be used, file a Financial Disclosure Statement with the Inspector General's Office.

I understand I can find additional information on filing the Financial Disclosure Statement at the Office of Inspector General's website: <http://in.gov/ig/2331.htm>

Printed Name: _____ Agency: _____

Signature: _____ Date (month, day, year): _____

Business Unit: _____

If your Agency is not required by the Office of Inspector General to complete the Financial Disclosure, omit signing the above portion and instead, the Agency Program Administrator should sign below:

Printed Name: _____ Agency: _____

Signature: _____ Date (month, day, year): _____

Business Unit: _____

Email this completed form (SF 55784), along with the remaining required credit card application documents, to: CreditCardServices@idoa.IN.gov.