



West Virginia Association of Rehabilitation Facilities

710 Central Avenue Charleston WV 25302

Phone: 304-205-7970

Fax: 304-205-7915

[www.wvarf.org](http://www.wvarf.org)

### P-CARD AUTHORIZATION FORM

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

STATE AGENCY: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RECEIPT EMAILED TO: \_\_\_\_\_

P-CARD #:	_____ - _____ - _____ - _____
EXPIRATION DATE:	____ / ____ CVV #: _____ (3 digit code on back of card)
NAME OF CARDHOLDER	_____

### INVOICES BEING PAID

	INVOICE #	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*Please make sure to use the State Use P-Card pricing when completing this form.*

***Please FAX completed forms to (304) 205-7915.***