



Motor Vehicle Division

56-0100 R06/20 azdot.gov

Mail Drop 519M
Revenue Accounting
PO Box 2100
Phoenix AZ 85001-2100
ATPCCRefund@azdot.gov
Fax 602-712-4411

THIRD PARTY CREDIT CARD REIMBURSEMENT

| | | | |
|---|----------------|----------|------|
| Company Name | Month and Year | Location | Code |
| Type from below <input type="checkbox"/> One location and one statement <input type="checkbox"/> Multiple locations & multiple statements <input type="checkbox"/> Multiple locations and one statement <input type="checkbox"/> One location and multiple statements | | | |

| ATP Total | | | | |
|-------------|-----------|-----------------|-----------|-------|
| | State Fee | Convenience Fee | Non State | Total |
| Master Card | | | | |
| Visa | | | | |
| Debit Card | | | | |
| Discover | | | | |
| Amex | | | | |
| Total | | | | |

| Transactions and Fees from Credit Card Statements | | | |
|---|-----------------------|------------------------|------------------|
| | Transactions – Amount | Number of Transactions | Credit Card Fees |
| Master Card | | | |
| Visa | | | |
| Debit Card | | | |
| Discover | | | |
| Amex | | | |
| Total | | | |

Under the penalties of perjury I certify this form is filled out to the best of my knowledge and I am an authorized employee of third party. The original, unaltered credit card statement (and supporting documents) for the reimbursement claimed have been included and will be kept for audit purposes.

| | |
|----------------------------------|------------------|
| ATP Preparer Name (Please Print) | ATP Phone Number |
| ATP Preparer Signature | Date |

ADOT Use Only

| | |
|-------------|------|
| Modified By | Date |
| Approved By | Date |