



**State of Missouri – Enterprise Rent-A-Car®**  
**Procurement Card Billing Form**

COMPANY INFORMATION:

\_\_\_\_\_  
Department Name Phone

\_\_\_\_\_  
Address Suite Number

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Agency Director

\_\_\_\_\_  
Travel Contact Phone Number Email Address

\_\_\_\_\_  
Address (if different than above)

\_\_\_\_\_  
City, State Zip Code Billing Contact Person

\_\_\_\_\_  
Procurement Card Number Expiration Date on Card

\_\_\_\_\_  
Name as it appears on Card

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature- Card Holder) (Title) (Date)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature of Agency Director or Designate) (Title) (Date)

Please fill out and fax back to:

Shawn Vieth  
877-530-6732 fax  
[jeffrey.s.vieth@erac.com](mailto:jeffrey.s.vieth@erac.com)