CALIFORNIA STATE UNIVERSITY CHICO
FINANCIAL SERVICES

ACCOUNTS PAYABLE
KENDALL HALL ROOM
208 CHICO, CA
95929-0243 530-898-6426
www.csuchico.edu/ap

Corporate Travel Card Request Form

This form shall be completed by CSU faculty and staff who are eligible to obtain a US Bank Visa Corporate Liability Travel Card for payment of university-related travel expenses. See related procedures. Please submit completed form with approving signatures to Accounts Payable (AP), zip 243.

CARDHOLDER INFORMATION

Legal Name: _____ Email: _____
First Name, M.I., Last Name

Department Name: _____ Chico State ID: _____ Ext.: _____

CARDHOLDER ACCEPTANCE

1. By enrolling in the US Bank Corporate Card Program I understand that the Program Administrator will verify charges in relation to **official business travel**. If the charge card contains personal charges it will be suspended and/or terminated.
2. I understand that this card will be used for **official business travel charges only** (e.g., hotels, rental cars, taxi or bus fares, meals, gas, parking fees, airline tickets) and cardholder is responsible for reconciling card activity by submitting with travel expense report via Concur Travel & Expense platform.
3. I understand that the Travel Credit Card is not to be used for the following types of purchases:
   - Non-travel related purchases and expenses (i.e. services or campus supplies)
   - Travel expenses that are extravagant and/or not ordinary or reasonable
   - Alcoholic beverages (request a separate bill to be paid personally)
   - Meals exceeding the daily reimbursement maximums
   - Cash advances/Travelers Checks
   - Personal travel
   - Expenses not in compliance with CSU/Campus travel procedures
4. I understand that my card limits will be based on prior travel activity. Requests for limit changes can be submitted to AP team via email as needed. Limits must be aligned with actual usage and will be evaluated by AP accordingly.

Cardholder: _____
Signature Date

APPROVING OFFICIAL

Approving official must have organizational oversight authority over cardholder. Approving official is responsible for ensuring purchases are reasonable, appropriate and for official university business only. I approve issuance of a corporate travel card and/or changes to existing cardholder's account as identified above.

Reports To (MPP): _____
Signature Print Name Date

ACCOUNTS PAYABLE USE ONLY

_____
Card Number (last 4 digits) Credit Limit Single Transaction Limit

_____
Issue Date Separation/Cancellation Date Concur

Profile Updated _____ SumTotal _____ A.O. _____ (Optional 2 field = 20 + Chico State ID)