



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. Repayment of non-business expenses will be expected and facilitated as part of the normal campus collections process.
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
 - Gas for personal vehicle
 - 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)