



CORPORATE TRAVEL CARD

EMPLOYEE APPLICANT INFORMATION

Please print or type:

First Name Middle Initial Last name (Legal Name required)

Employee Number Email Address (@ucsd.edu required)

Home Address

City State Zip

Billing Address (if different)

City State Zip

() - () -
Work Phone Personal Phone

Travel Preparer/ Assistant Name Preparer/ Assistant Email Address

Department Name Mail Code Index (Must be unrestricted funds)

EMPLOYEE UNDERSTANDING / SIGNATURES

Employee Applicant requests that he/she be issued a U.S. Bank Visa® Corporate Travel Card. U.S. Bank may obtain credit information concerning Employee Applicant for the sole purpose of issuance, renewal and/or replacement of the card. In consideration of this issuance and the use of the card, the Employee Applicant agrees to be bound by the U.S. Bank Corporate Cardholder Agreement accompanying the card, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.

Employee Applicant understands that this card is to be used for their own business travel and entertainment charges only, and that Employee Applicant is totally responsible and liable for all expenses charged to the card. Employee Applicant understands and acknowledges that all card transactions are viewable by authorized UCSD personnel and payment is due to U.S. Bank upon receipt of the statement. Employee Applicant further understands that if he/she fails to pay U.S. Bank for all undisputed charges his/her card will be permanently canceled.

Employee Applicant Signature Date

MANAGER & INDEX AUTHORITY UNDERSTANDING / SIGNATURES

Approving Manager certifies that Travel Card use is for the employee's UCSD business travel and entertainment only. In the case of inappropriate use or failure to keep the account current the manager will dedicate resources to assist in resolving the account balance.

Index Authority acknowledges that if airfare or card charges made to the Travel Card remain unaccounted for 21 days after the end of an event or when cardholder separates they may be automatically charged to the department index.

Approving Manager Signature/Date Approving Manager Name (please print)

Index Authority Signature/Date Index Authority Name (please print)

Required:
Career Appointment – No End Date: **Y** or **N**
(Circle one)
Career / Other Appointment – With End Date
Appointment End: _____
(Date)

Your U.S. Bank Visa Corporate Travel Card will be mailed to you within 10-15 days following the receipt of you application. Unless otherwise instructed, please submit this application via email to travelcard@ucsd.edu.

COMPANY INFORMATION *This section to be completed by the UC San Diego Travel Card Programs Administrator:*

University of California, San Diego 9500 Gilman Drive La Jolla CA 92093

Name of Organization Requesting Issuance of Card Address of Organization – Street City State Zip UCSD PA