

**Cardholder Application-  
Travel Card (CA-TC)****Purpose:**

Used, in accordance with the Travel Card Handbook, to identify a new cardholder for the corporate liability Travel Card.  
A cardholder can be either an employee or affiliate fiscal staff.

*Note: If traveling internationally, use this form to request the international version of the Travel Card. (It can also be used domestically.)*

**Applicant Information**

Name:	
Department:	Student Recreation Services
Campus Phone:	
Campus Email Address:	
Campus Address	Line 1: Student Recreation Services
	Line 2: 355 UCB
	City, State, Zip: Boulder, CO 80309

HR Reporting Org #:	10443
Employee ID # or POI #:	

***If applicant is not on University of Colorado payroll :***

*Any applicant who is not on the University's payroll must have a*

***Type 15 (Security Access) POI #.***

*If this has not been done, complete POI Worksheet (link below) requesting POI Type=Security Access; give worksheet to department sponsor for entry in HRMS.*

<http://www.cu.edu/employee-services/policies/add-person-poi-worksheet>

**Card Limit & Use**

*Indicate the maximum dollar amount that this applicant should be allowed to incur on the Travel Card (or international version of the Travel Card) within a single cycle period. The cycle period resets the 25th of each month.*

☐ \$3,500☐ Other Amount

If 'Other Amount,' identify dollar limit requested:

If requesting over \$5,000,  
identify specific uses of card:

☐ Check box to request international version  
of the Travel Card

**Training Requirements**

**You should receive your card within 10 business days after passing the following online SkillSoft courses:**

- Travel and Travel Card Training
- Fiscal Code of Ethics

**Certification and Approvals**

*I understand that this is a corporate liability card. As such, it is not to be used to pay for personal expenses or another employee's travel expenses. If I use the Travel Card (or international version of the Travel Card) for per diem meals in excess of the allowable amount, or for personal expenses, I must promptly reimburse the University the amount my reimbursable expenses don't cover. Furthermore, I understand that the improper or unauthorized use of this card may result in card suspension or cancellation with the possibility of employment suspension or termination.*

\_\_\_\_\_  
Applicant Signature (required)

\_\_\_\_\_  
Date

**Authorizing Information**

* Authorizing Name:	Nan Lu	Title/Position:	Associate Director of Finance
Email Address:	lun@colorado.edu	Department:	Student Recreation Services

\* Authorizing name can be the Fiscal Manager, Department Administrator, HR Supervisor, Dean, Director, Chair or Department Head. Individuals cannot authorize their own application.

*I approve the person named above to be a Travel Card or International Travel Card cardholder.*

\_\_\_\_\_  
Authorizing Signature (required)

\_\_\_\_\_  
Date

**When all necessary signatures have been obtained:**