



## 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:		HR Reporting Org #:	
Department:		Employee ID # or POI #:	
Campus Phone:			
Campus Email Address:			
Campus Address	Line 1:	<b><u>If applicant is not on University of Colorado payroll :</u></b> Any applicant who is not on the University's payroll must have a <b>Type 15 (Security Access) POI #.</b> 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.  <a href="http://www.cu.edu/employee-services/policies/add-person-poi-worksheet">http://www.cu.edu/employee-services/policies/add-person-poi-worksheet</a>	
	Line 2:		
	City, State, Zip:		

### 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.

<input type="checkbox"/> \$3,500	<input type="checkbox"/> Other Amount	If 'Other Amount,' identify dollar limit requested:		<input type="checkbox"/> Check box to request international version of the Travel Card
If requesting over \$5,000, identify specific uses of 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:		Title/Position:	
Email Address:		Department:	

\* 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:**