

Effective Date: 04/26/2011



Cardholder Application - Travel Card (CA-TC)

University of Colorado
Procurement Service Center (PSC)

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.

Applicant Information

Name:	
Department:	Student Recreation Services
Campus Phone:	
Campus Email 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.

<https://www.cu.edu/pbs/forms/downloads/Add-Person-POI-Worksheet.xls>

Card Limit

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

\$3,500 Other

If 'Other,' name amount
and explain why:

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 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.

I agree to complete the online SkillSoft course "Travel and Travel Card Training." The PSC will notify me and authorize issuance of my card once I have passed the course.

Applicant Signature (required)

Date

Authorizing Information

* Authorizing Name:	Patty McConnell
Email Address:	mconnep@colorado.edu

Title/Position:	Coordinator - Club Sports
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 cardholder.

Authorizing Signature (required)

Date

When all necessary signatures have been obtained:

Fax signed, completed form to: Procurement Service Center - 303.764.3434
Or, email scanned signed application to: procurement.card@cu.edu