

UCSB US BANK TRAVEL & ENTERTAINMENT CARD APPLICATION

Please print clearly and completely. Incomplete applications will be returned.

Cardholder's Name

Last	First	Middle Initial
Department Name		Vendor #
Email Address		Employee ID #
Billing Address		Date of Birth
City:	State:	Zip code:
Home Phone	Business Phone	

CARDHOLDER AGREEMENT (PLEASE READ BEFORE SIGNING)

I understand and agree that the T & E Card will be issued to me upon signing this application and that such card must be used in accordance with University Policy and the Cardholder Agreement. I Understand that I am personally liable for all expenses charged to travel card. I agree to surrender the card and discontinue use upon request or upon termination of employment for any reason. I understand that the complete Corporate Cardholder Agreement will be provided when the card is issued. I agree to read these terms and conditions of the Corporate Cardholder Agreement. I understand and agree that this T & E Card is for TRAVEL AND ENTERTAINMENT BUSINESS-RELATED EXPENSES ONLY. I further agree in the event of unpaid balance the University may deduct the amount of unpaid charges from my salary or take other action to collect this debt obligation and that *failure to comply may result in disciplinary action, including termination.*

Federal law requires us to obtain, verify and record information that identifies you when you open and account. We will use your name, address, date of birth and tax identification number for this purpose.

Cardholder Signature	Date
----------------------	------

DEPARTMENT HEAD AUTHORITY UNDERSTANDING / SIGNATURES

APPROVING DEPARTMENT HEADS CERTIFIES THAT TRAVEL CARD IS TO BE USED FOR THE EMPLOYEES'S UCSB BUSINESS TRAVEL AND ENTERTAINMENT ONLY. In the case of inappropriate use or failure to keep account current the manager will dedicate resources to assist in resolving the account balance. Authority acknowledges that if card becomes delinquent charges will be automatically charged to department account.

Department Head Name (please print)	Date
Department Head Signature	
Email Address	Business Number

Please SEND ORIGINAL APPLICATION to Travel Accounting, as we no longer can receive faxed or scanned copies at Attention: Annette Gonzales mail code 2040.

**Any questions please contact Annette Gonzales at Ext 7037
Email: Annette.Gonzales@BFS.ucsb.edu**