



Travel Card Application (US Bank)

Route this form to: Email: cardapp@umn.edu Subject Line: TCard: XXXXXXX (Applicant's Employee ID)	U Wide Form: Rev: 02/14/2018
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Section I – Card Applicant Information – Please fill out electronically

This section to be completed by Card Applicant

Employee ID #:	Internet ID:	Email Address:
Card Applicant Name: (Limit 23 Characters, including spaces) (How you want your name embossed on the card)		
Employee ID #:		
First Name MI (Optional) Last Name Middle Initial (Optional)		Phone # (xxx-xxx-xxxx)

Cardholder Agreement: As a University of Minnesota Travel Cardholder, I:

- Understand the card may be used only for authorized University business related travel expenses such as:
 - Airfare
 - Lodging
 - Ground Transportation
 - Conference Registration
 - Unexpected business related expenses while traveling
 - Local transportation expenses – parking and ground transportation
- Understand the card may not be used for travel meals, which are reimbursed as per diem.
- Accept the responsibility for the protection and proper use of the card.
- Understand that no personal purchases are permitted. If business and personal travel are combined, the card may be used only for the business portion of the travel expenses.
- Understand all charges made on the card that are not specifically listed as allowable and/or in compliance with University policies will be considered personal charges. Personal charges will be repaid to the University through either payroll deduction or the University will issue a bill to the cardholder in the amount due to the University. Multiple violations will result in employee's card being cancelled.
- Understand any personal, improper or fraudulent charges on the card could be considered misappropriation of University funds and will result in immediate revocation of the card and may result in corrective action up to and including termination and/or criminal prosecution. In addition, the University will seek restitution for any inappropriate charges.
- Have read, signed and agree to abide by the [Purchasing Code of Ethics for Department Employee Responsible for Purchasing](#) form.
- Must report a lost/stolen card immediately.
- Understand the University may terminate the right to use the card at any time for any reason.
- Will not lend my card to others to use and will not charge other employee expenses to my card.
- Will ensure that the purchases made with this card are allowable for the type of funds used. (Refer to University policy and sponsoring agency regulations).

I have read and agree to all of the statements above. By signing this application, I acknowledge the responsibilities that accompany accepting the card and agree to comply with the University's policies, procedures, applicable laws, and ethical practices when using the card.

Signature _____ (Cardholder) **Date** _____

Departmental Approval

Print Name _____ (Dean, Department Head or Designee approval)

Signature _____ **Date** _____

Section II – DCA/Account Information

This section to be completed by Department Card Administrator

Applicant Empl ID:

Billing Address (Card will be mailed to address listed) (36 characters max, including spaces, no special characters allowed)	
Department Name	
Street Address Room # Building	
City, State Zip	

Card Spending Limits	Single Transaction Limit	Monthly Spending Limit
<input type="checkbox"/> Domestic Travel:	\$2,500	\$10,000
<input type="checkbox"/> International Travel:	\$5,000	\$15,000
If a lower threshold is desired, indicate:		

Default ChartField String (must be Non-Sponsored)						
<i>This string may be used to pay for fees if a cardholder has unallowable expenses and repays the University using a personal credit card.</i>						
Fund	DeptID	Program	Account	FinEmplID*	ChartField 1*	ChartField 2*
			721101			

***Optional**

DCA Name		DCA Department Name	
DCA Internet ID		DCA Phone # (xxx-xxx-xxxx)	
DCA Email	<input type="checkbox"/> Same as Internet ID		

Signature _____ (DCA)

Date _____

To submit application: Scan application as a PDF and email to cardapp@umn.edu
Subject Line: TCard: XXXXXXXX (applicant's Employee ID)