



TRAVEL CARD APPLICATION FORM

Introduction: The University of Central Oklahoma Individual Travel Card Program is available to all full time employees traveling on behalf of the university. Individuals will be required to comply with specific requirements inherent with the possession and use of a credit card.

Cardholder Name: _____

Banner ID#: _____ E-mail Address: _____

Date of Birth: _____ Mother's Maiden Name: _____
(This information is required for security purposes)

College/Department: _____

Default Org #: _____ Campus Phone #: _____

Dept. Contact Person: Primary: _____ Backup: _____

Financial Manager: I request that the individual listed below be approved as a cardholder for our department. We have reviewed, understand, and agree to the responsibilities and procedures associated with the use of a UCO Individual Travel Card.

Designated Cardholder: As a holder of a UCO Individual Travel Card, I agree to accept responsibility for the protection and proper use of this card as outlined in the Travel Card guidelines.

Traveler Name (Type or Print)

Signature

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Supervisor: _____ Financial Mgr.: _____

Date: _____ Date: _____

Submit completed form to Procurement Services, ADM 109, Box 161.

Do not write below this line – for Administrative use ONLY.

Date Card Requested _____
