



MONMOUTH UNIVERSITY

Corporate Card for Travel Application

Applicant name: _____

Employee ID: _____ Date: _____

Department Name: _____

Work Phone: (____) _____

Dept. GL Acct. Number: _____ - _____ - _____

Applicant SS# _____ (Last 4 digits)

1. Default single transaction limit: **\$1,500**

Other amount requested \$ _____

**Reason: _____

2. Default monthly credit limit: **\$1,500**

Other amount requested \$ _____

**Reason: _____

****A written reason must be provided if higher amount is being requested.**

Department Head _____

Date: _____

Print name _____

Dean (if applicable) _____

Date: _____

Print name _____

Area V.P. _____

Date: _____

Print name _____

For Controller's Office Use Only

Program Coordinator: _____

Date: _____

Print name _____

Approving Individual _____

Date: _____

Print name _____

Approving Individual _____

Date: _____

Print name _____

*** To Be Signed By Cardholder When Card is Issued ***

I acknowledge receipt of the Monmouth University Travel Card, the Monmouth University Travel, Entertainment and Food Policy and the Travel Card Policy and Prodedures document. I confirm that I have read, understand, and will comply with the terms of both of these related policy and procedure documents. I agree that my use of the Card will be for University business only and that I will be the only user of the Card. I will return my Card to Human Resources or the Program Coordinator at my termination or upon request. I understand that the University may terminate my privilege to use this Card at any time and for any reason including misuse of the Card. I further understand that I must document the expenses charged to my Card within 20 business days after receipt of my monthly statement. If I fail to do so, I authorize the University, at its option, to deduct the amount of the undocumented or unallowable charge from my pay.

Cardholder _____

Date: _____

Program Coordinator _____

Date: _____