



Travel Cardholder Application/Approval Form

Mail original to Box 13035

Cardholder Information

First Name: _____ Last Name: _____ E-mail: _____

CID: _____ Last 4 of SS#: _____ Phone Ext: _____ SFA Username: _____

Address: _____ City: _____ State/Zip: _____
(Address to which statement should be mailed)

Are you a first time T-Cardholder? Yes ___ No ___ (If yes, you will need Training before receiving the T-Card)

Credit Limits

Per Transaction: ___ \$2,000 ___ \$1,500 ___ \$1,000 ___ \$500 Per Cycle (Monthly): \$ _____
(\$15,000 Maximum)

Department & Account Information

Department Name: _____ Default FOP: _____ - _____ - _____
Fund Org Prog

Department Head: _____ Department Head Phone: _____

Business Manager: _____ Username: _____
(Main Detailer)

Account Manager: _____ Username: _____
(Back-up Detailer)

Department Contact for Audit & Reconciliation

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Department Head Signature

Cardholder Signature

Date

For additional info regarding credit limits or questions on completing this application contact the T-Card Coordinator at x2303