



Procurement and Contract Services

CSU Channel Islands
U.S Bank Personal Liability Travel Card Application

RETURN ORIGINAL COMPLETED FORM TO:
Procurement Office

This form is to be completed by CSUCI faculty or full time staff interested in securing a US Bank Visa Personal Liability Travel Card for payment of reimbursable university-related travel expenses when travelling with students. By submitting this application, US Bank will perform a credit check, to determine issuance of cards by applicant's creditworthiness.

Please complete the following information for each card requested. The cardholder's name will appear on the credit card *exactly* the way it reads on this form.

Cardholder Information

Name: _____ Social Security Number: _____

Home Address: _____

Home/Cell Phone: _____ Email Address: _____

Department Name: _____ Job Title: _____

Work Phone: _____ Employee ID: _____

Credit Limit Requested \$ _____

TERMS OF AGREEMENT

1. Employee Applicant agrees to be bound by the US Bank Cardholder Agreement accompanying the card for all charges incurred by the use of the card or the related account. US Bank may obtain credit information concerning Employee Applicant for the sole purpose of issuance, renewal and/or replacement of the US Bank Corporate Card.
 2. Employee Applicant has read and agrees to the CSUCI Personal Liability Travel Card Procedures.
 3. Employee Applicant understands that this card will be used for **official business travel incidental charges only** (e.g. taxi or bus fares, meals, gas, parking fees) and is responsible for making all payments to US Bank upon receipt of monthly statement.
 4. By enrolling in the US Bank Corporate Card Program you are authorizing the Program Administrator to verify charges in relation to **official business travel**. If the charge card contains personal charges, it may be terminated.
 5. The University will not reimburse the cardholder for any interest charges.
- Please be advised that your Social Security number will be provided to US Bank.**

Authorization:

I agree to all terms of the travel card program and authorize US Bank to proceed with my application for credit.

Applicant Signature: _____ Date: _____

Approvals:

Traveler's Dean/Manager (or Designee): _____ Date: _____

Division Cabinet Member or Designee: _____ Date: _____