



Travel Card Application (US Bank)

Route this form to: UMD Controller's Office 209 Darland or tolson@d.umn.edu	
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Section I – Card Applicant Information – Please fill out electronically

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

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

1. 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
2. Understand the card may not be used for travel meals, which are reimbursed as per diem.
3. Accept the responsibility for the protection and proper use of the card.
4. 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.
5. Understand all charges made on the card that are not specially 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.
6. 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.
7. Must report a lost/stolen card immediately.
8. Understand the University may terminate the right to use the card at any time for any reason.
9. Will not lend my card to others to use.
10. 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 _____

Once signed, send to your [Department Card Administrator](#).

Section II – DCA/Account Information

Employee ID #:	Internet ID:	Email:
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DCA Name		DCA Department Name	
Tara Olson		UMD Controller's Office	
DCA Internet ID	tolson	DCA Phone # (xxx-xxx-xxxx)	218.726.6094
DCA Email	<input type="checkbox"/> Same as Internet ID	tolson@d.umn.edu	

Billing Address (Card will be mailed to address listed)	
Department Name	
Street Address Room # Building	1049 University Drive 209DAdB
City, State Zip	Duluth MN 55812

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

Signature _____ (DCA) **Date** _____

Section III - Approvals

Print Name _____ (RRC Manager or Designee) - Required
Signature _____ Date _____

Print Name _____ (Cluster Director or Other) - Optional
Signature _____ Date _____

To submit application: Please email scanned copy to tolson@d.umn.edu or mail hard copy to UMD Controller's Office, 209 Darland. UMD Controller will obtain both the RRC Manager and Cluster Director signatures.