



Request for University Credit Card

Last Name	First Name	M.I.	Employee Title	Employee Identification No.
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Department, Division or School	Name of Dean or Chairperson	Name of Vice President	/ /200__ Date
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Are you a full-time employee? →→→→→→→→	Yes	No
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1. Do you travel frequently on University business? If yes, how often <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> once or twice per semester What is the purpose of your travel for the University? <input type="checkbox"/> Recruiting <input type="checkbox"/> Academics (not research related) <input type="checkbox"/> Academic Research <input type="checkbox"/> Fundraising <input type="checkbox"/> Athletics <input type="checkbox"/> Other Sponsored Programs (specify: _____) <input type="checkbox"/> Transportation (Motor Pool) <input type="checkbox"/> Other (specify: _____)		
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2. Do you travel frequently with students?		
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3. Are you a Principal Investigator for a research grant? If yes, name of your research project/grant [_____]		
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4. Were you previously issued a University American Express card? If yes, what was the card number [_____] What were the average charge transactions per month: \$ _____ Did you charge personal items to the card?		
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Agreement to Comply with Clafin University Credit Card Policy

As a cardholder of a University American Express (i.e., President and Vice Presidents only) or Visa credit card, I agree that I will only use the card for University business expenses. As a cardholder, I agree that any personal expenses that I charge to the card may be deducted from my wages/salary earned immediately after the University has been billed/invoiced by the issuer of the credit card in my possession. As a cardholder, I agree that I will submit a Travel Report within 14 business days subsequent to travel with copies of charge card receipts attached. As a cardholder, I agree to immediately report the card as lost, misplaced, or stolen to the Office of the Vice President of Fiscal Affairs upon discovery of such card being lost, misplaced or stolen. As a cardholder, I warrant that I have read this Agreement to Comply with the Clafin University Credit Card Policy; that I have been provided a copy for my records; and that I have been provided a copy of the Clafin University Credit Card Policy.

Please <i>print</i> your name above	Please <i>sign</i> your name above	Date
Request reviewed and approved by Vice President	Request received by Office of Fiscal Affairs And reviewed for prior credit card activity.	
Reviewed by Vice President of Fiscal Affairs	<u>Comments:</u>	

Office of the President	
<input type="checkbox"/> Approved	<input type="checkbox"/> NOT Approved
_____ Henry Tisdale, Ph.D. – President Date	