

CSUDH Travel Card Request Form

This form shall be completed by CSU faculty and staff who are eligible to obtain a US Bank Travel Card for payment of university-related travel expenses. See CSU Travel Policy and CSUDH Travel Procedures. Please submit completed form with approving signatures to travel@csudh.edu. Concur Profile must be completed prior to applying for Travel Card.

CARDHOLDER INFORMATION				
Legal Name:			Email:	
First Name	M.I.,	Last Name		
Department Name:			CSUDH ID:	Ext.:
CARDHOLDER ACCEPTANC	E			
				Administrator will verify charges in it may be suspended and/or
 I understand that this of fares, meals, gas, parking submitting all receipts, I understand that the T Non-travel releast Alcoholic beveen Meals exceedi Cash advances Personal trave Expenses not if I understand that my cash 	ing fees, airline including those ravel Card is rated purchase es that are eximages (requesting the daily res/Travelers Chill in compliance ard limit will be	e tickets) and card se under \$75, with not to be used for es and expenses (itravagant and/or st a separate bill the eimbursement manecks with CSU/Campuse \$3,000. Reques	holder is responsible for report via travel expense report via the following types of purice, services or campus support ordinary or reasonable of the paid personally) eximums s travel procedures ts for limit changes may be	oplies)
I have completed n	ny Concur Pro	file (required bef	ore submission of this for	n).
Cardholder:	Signatu	ıro		Dete
	Jigilatu			Date
	sonable, apprentified above bllowing eligib	ropriate and for o	fficial university business	oproving official is responsible for only. I approve issuance of a
			temporary-annually rene	wable (other temporary

Print Name

Print Name

Date

Date

Fiscal Officer/ARM:

Reports To Authority:

Signature

Signature