



Corporate Travel Card Application

Instructions: 1. Complete all fields 2. Sign 3. Obtain supervisor signature 4. Forward to Card Svcs.

Full Name: Last First M.I. W#:

Address: 516 High St Street Address Building Initials/Room# Mail Stop Bellingham WA 98225 City State ZIP Code

Work Phone: Home Phone: Email:

Department: Job Title:

Statement of Responsibility

In consideration of Western Washington University providing the Visa Corporate Travel Card to me, I agree to the following:

- 1. I will use the Card only for my university business related travel expenses;
2. I understand the card is not to be used for personal purchases;
3. All purchases will comply with the policies, procedures, terms and conditions of the university and the laws of the State of Washington;
4. Visa will bill me monthly for all charges made to the card and I will be personally responsible for paying all charges;
5. I will pay all charges shown on my monthly billing statement in full before the due date;
6. I will not incur travel-related charges without an approved Travel Authorization;
7. I will submit Travel Reimbursements via TEM (Travel Expense Management) to Travel Services covering amounts charged to the card in a timely manner;
8. My card privileges may be suspended or canceled if I am delinquent in paying my bill or if I use my card inappropriately (See #'s 1 and 2). Deliberate misuse of the card, or allowing it to be canceled for non-payment, may result in disciplinary action, which may include termination of my employment;
9. I will promptly return the card to Travel Services if requested to do so or if my employment with WWU ends;
10. Transactions on the card are subject to audit and are considered public record;
11. I acknowledge and agree to release to the financial institution my birthdate to meet the requirements of the Office of Foreign Assets Control and the Patriot Act Section 326, Verification of Identification.

My signature affirms that I agree to comply with the above terms.

Employee Signature Date

Typed/Written name of Supervisor Supervisor Signature Date

Forward completed application to: Business Services, MS 1420 or PO Box 29420, Bellingham, WA 98228-1420

For Card Services Use Only:

Employment Verified: W# Confirmed:

Card Services Approval: