



**TEXAS A&M UNIVERSITY–CORPUS CHRISTI
Citibank Corporate Billed (CBT) Travel Card
CARDHOLDER APPLICATION/APPROVAL FORM**

- New Card Request Intermediate Use Only Renewal
 Name Change Transferred to New Dept. Other _____

APPLICANT'S NAME: _____ (Print or Type Only) UIN: _____

DEPARTMENT NAME: _____ DEPT Acronym: _____ BLDG/RM #: _____

MAIL UNIT #: _____ CELL PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____

E-MAIL: _____ (Must be Standard University format – firstname.lastname@tamucc.edu)

DEPARTMENT DEFAULT FAMIS ACCOUNT (and if applicable, Support Account) _____

Provide local account number. Account number designated will be the default expense account on Citibank GCMS in association with the CBT Travel Credit Card. The Account must have M&O assigned in the budget to be allowed as the Default.

Monthly Limit: _____ Single transaction limit : _____
(STL is \$ 2,000.00 unless otherwise specified, maximum is \$5,000.00)

DEPARTMENT CONTACT FOR ASSISTANCE WITH RECONCILIATION (PREPARER):

Name: _____ Phone: _____ E-mail: _____

HIGHER LODGING/BUSINESS MEALS/MULTIPLE TRAVELERS APPROVER:

Please provide the name(s) of the authorized individual(s) who can approve your Higher Lodging/Business Meals/Multiple Travelers: *
(*Must be completed to process application)

Dean/Department Head Name (if other than Supervisor): _____ Dept/College: _____

Area Vice President's Name: _____ VP's Division: _____

APPLICANT RESPONSIBILITIES AS A CARDHOLDER:

- Cannot use card for personal purchases or to purchase fuel on a personal owned vehicle.
- Aware of State, System and TAMUCC travel and purchasing rules, regulations and procedures.
- Follow the CBT Card Guidelines of TAMU-CC and the State of TX rules and regulations in regards to what is allowed on the card, documentation, and due dates (Safe Harbor).
- Agree to buy within the delegated limits approved.
- Secure the card in a safe place. **Never allow anyone to use your card.**
- Not a departmental credit card. Only utilize travel card for self and non-state employees.
- Should not use for other State employees. State employee should have a travel or DART card if needed.
- Reconcile expenses on per trip/per traveler basis at least 2 weeks after last date of travel.
- Substantiate expenses.
- Keep Expense Report in department with original receipts and according to TAMUCC retention records.

APPLICANT'S AGREEMENT:

I agree and understand that I must be an employee of Texas A&M University-Corpus Christi in order to receive a TAMUCC travel credit card. I understand the credit card is for business travel use only. I understand my responsibilities listed above and agree to follow the State, System and TAMUCC rules, regulations and procedures set forth in the CBT Card Program Guide. I further agree to adhere to the departmental delegated authority guidelines and to NOT make any personal purchases using the State issued travel card. Upon the issuance of card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment. I further agree to repay any personal expenses incurred and charged to my travel credit card even if I am no longer employed by TAMUCC.

Applicant's Name (Print/Type)

Applicant Signature

Date

Please email form to: travel@tamucc.edu once completed

APPLICANT'S NAME: _____ (Print or Type Only) UIN: _____

DEPARTMENT/DIVISION HEAD RESPONSIBILITIES:

The Department/Division head, or Designee, is responsible for:

- Authorizing employee to receive a CBT travel credit card and set his/her card limits.
- Monitor accounts being used by cardholder to ensure sufficient funds are available.
- Designate an employee to do the reconciling on per trip/per traveler basis using Concur according to Safe Harbor Rule.
- Review the accounts and object codes used; ensure that all receipts and/or Documentation are attached for review.
- Notify the Travel Office at travel@tamucc.edu when employees terminate employment or transfer departments.
- Review activity and request cancellation of cards based on non-usage to limit our liability.
- If Department/Division Head is unable to sign, a Proxy approver may be assigned, with proper documentation.
 - Proxy approver must be on same level or higher as original approver.
- Assist as needed to obtain information or documents regarding issues for proper authorization, documentation, or users that are not responding to requests for information to complete expense reports.

DEPARTMENT/DIVISION HEAD APPROVAL & AGREEMENT:

I hereby approve the applicant, listed above, for issuance of a Texas A&M University–Corpus Christi Citibank Corporate Billed Travel (CBT) credit card. I have assigned the duty to assure that the account used will have sufficient funds to cover any charges made by individual. I have assigned the duty to assure reconciliation of all expense reports will be processed in a timely manner according to the Safe Harbor Rule and all required receipts will be substantiated. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment. I understand my responsibilities listed above. I further agree to review and be familiar with the CBT Card and Travel Policies prior to approving any expense reports.

Department/Division Head Name
(Print/Type)

Department/Division Head Signature

Date

CBT CARD PROGRAM ADMINISTRATION USE ONLY

Hierarchy Assignment: DEPT: _____

Approved by: _____ Date Approved: _____
CBT Program Administrator

Card Ordered by: _____ Date Ordered: _____
Travel Office

Card Issued to: _____ Date: _____
Cardholder

Card Issued by: _____ Date: _____
Travel Office

Please email to: travel@tamucc.edu once completed