



University Travel Card
Cardholder Account Form (Frequent Traveler)

Any/all information provided on this form will be kept confidential

NEW Change (only complete fields to be changed) Delete/Close

ACCOUNT NUMBER

Grid of 16 empty boxes for account number

Cardholder Controls

Form fields for Cardholder Name, Department Name, Street Address, City, State, Zip Code, Business Phone, Employee ID #, Date of Birth, Password, Building Name

Reporting Hierarchy Levels (Required Information)

Table with 2 columns: Reporting Hierarchy Level Numbers, Level 2 (i.e. - Region) with value 66245

Cardholder Controls

Form fields for Overall Cycle Spending, Single Purchase Limit, Authorizations Per Day, Transactions Per Cycle, MCC Groups, Cycle Spending Limit, MCC Group selection

Cardholder Approvals

Form fields for Prepared by, Cardholder Signature, Supervisor/ Manager Signature, BFO, EAD or VP Signature, Authorized Signer's Name, Signature, Date

BANK USE ONLY

Account Number: _____ - _____ - _____

Unit Assigned: Grid of 6 empty boxes

Signature Verified : _____ Date _____ Initials _____ Management _____



University Travel Card Justification Form

Name of Employee requesting the Travel Card

In the space below, please provide a brief explanation on why you require a University Travel Card. Please keep in mind that these cards are only issued to employees whose job requires them to periodically travel on university business.

- I travel on university business
 <3 trips/year >3 trips/year International
- I arrange travel and/or events
- I arrange group travel (please contact Susan Gibson)

By signing below I understand the card is for business purposes only, and that no personal purchases can be made on the card. Misuse of card may be grounds for disciplinary action up to and including termination of employment.

Signature

Date:

****Note:** This form must be attached to the University Travel Card and System Application and sent to:

Financial Services
TAB Building
Susan Gibson



Travel & Business Expense Reimbursement System Application

Select One: New
 Change

Date

By signing and submitting this application to use Tufts Travel/Business Expense system, I agree to abide by all Tufts University Travel & Business Expense policies and procedures in the conduct of University business. I also agree to adhere to the Tufts Information Technology Responsible Use Policy as it pertains to accessing, browsing and/or using web based systems.

Per University business expense/travel policy, users of this system will be able to submit and/or approve travel and business expense reimbursements. Orders that equal or exceed \$5,000 should be routed to your BFO and Sponsored Programs (if applicable) per university policy. Additional approvers may be required at the department's discretion based on your school's or division's "ad hoc" approval rules.

Reports for this employee will be routed to the Final Approver listed below.

Name Employee ID

Department UTLN

Final Approver (must be immediate supervisor or someone with budgetary responsibility)

Default Department ID

*If you would like to automatically have new grants added and old grants deleted for a certain PI, please check the all grants box and have the PI sign. (Please print PI's name and list the linking Dept ID(s)).
If you would like a range of Deptid's, please list the starting and ending Dept ID (ex C222100 through C222900)

Status Change	Dept ID	Project/Grant (if required)	Signature of Person Responsible for this Dept ID/Grant (Required unless deleting)
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> All Grants

Signature of Authorized User

BFO, EAD or VP Signature

Please send approved application to:

Financial Services
Attn: Susan Gibson
TAB - 3rd Floor
Medford/Somerville Campus

Final Approver Signature
(approver must have access to the system)

NOTE: If you require additional Dept ID's or Project/Grants, please fill out an additional form.