Tufts UNIVERSITY

University Travel Card
Cardholder Account Form (Occasional Traveler)

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

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

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cardholder Controls

Cardholder Name [_____]   (not to exceed 24 characters)

Employee ID # [_____]

Department Name [_____]

Date of Birth [_____]

Street Address [_____]

Password: [_____]

City [_____]

Building Name [_____]

State [_____]   Zip Code [_____]   Business Phone [_____]

Reporting Hierarchy Levels (Required Information)

Reporting Hierarchy Level Numbers	Level 2 (i.e. - Region) 66245	

Cardholder Controls

<u>Overall Cycle Spending</u> [_____]   <u>MCC Groups</u> [_____]

		Cycle Spending Limit
Single Purchase Limit	_____	
Authorizations Per Day	_____	MCC Group
Transactions Per Cycle	_____	Check One: ☐ Blank ☐ Include ☐ Exclude

Single Purchase Limit	_____	
Cash Limit %	_____	
Dollars per Day	_____	Cycle Spending Limit
Authorizations Per Day	_____	MCC Group
Transactions Per Cycle	_____	Check One: ☐ Include ☐ Exclude

Cardholder Approvals

Prepared by: [_____]   Date [_____]

Cardholder Signature [_____]   Date [_____]

Supervisor/ Manager Signature [_____]   Date [_____]

BFO, EAD or VP Signature [_____]   Date [_____]

Authorized Signer's Name: [_____]   Signature [_____]   Date [_____]

BANK USE ONLY

Account Number: _____-_____-_____-_____

Unit Assigned: [_____] [_____] [_____] [_____] [_____] [_____]

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Signature Verified : _____Date _____Initials_____Management_____

Tufts
UNIVERSITY

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 <u>business purposes only, and that no personal purchases can be made on the card.</u> 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

Tufts UNIVERSITY

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)
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ All Grants
☐ Add	☐ Delete			☐ 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.

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