

US BANK CORPORATE TRAVEL CARD

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

EMPLOYEE APPLICATION INFORMATION

Last Name:		First Name:		MI:	
Date of Birth: Month:		Day:		Year:	
SSN:		Employee ID:		E-mail:	
Address:					
City:			State:		ZIP Code:
Home Phone:		Work Phone:		Cell Phone:	Fax:

CAL STATE L.A. INFORMATION

Organization Name (Embossed on Card): Cal State L.A.

Program Administrator: Elizabeth (Libby) Kent/Business Financial Services – Administration 514

Email: lkent@cslanet.calstatela.edu

Phone: 323-343-3568

AGREEMENT

1. Employee Applicant agrees to be bound by the U.S. Bank Cardholder Agreement accompanying the card, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. U.S. Bank may obtain credit information concerning Employee Applicant for the sole purpose of issuance, renewal and/or replacement of the U.S. Bank Corporate Card.
2. Employee Applicant understands that this card is to be used for **official business travel charges only** and is responsible for making all payments to US. Bank.
3. By signing up for the U.S. Bank Corporate Card Program you are authorizing the Program Administrator to verify charges in relation to **official business travel**. If the charge card contains personal charges it may be terminated.
4. The University will not reimburse the cardholder for any interest charges.
5. The U.S. Bank Corporate Card should be used for business related purchases such as hotels, rental cars, business meals, gas, taxis, parking and airline tickets. It is a **charge card – not a credit card**. As a charge card, the balance is due, in full, upon the receipt of your monthly billing statement.
6. Your employer will receive reports that combine all travelers' card related expenses and other reports on your card usage. This data provides information on where employees are traveling and the total dollars spent. By using these reports, there is an opportunity to reduce costs and negotiate discounts with preferred suppliers.

SIGNATURES

Employee's Signature: _____ Date: _____

Dean or Senior Administrator Approval (Print Name): _____

Dean or Senior Administrator Signature: _____ Date: _____

BUSINESS FINANCIAL SERVICES USE ONLY

Card Number: _____

Date Issued: _____

Monthly Credit Limit: \$ _____

Single Transaction Limit: \$ _____

Signature of Cardholder (Pick-Up): _____

Date: _____

Date of Separation/Cancellation: _____

Program Administrator Signature: _____

Date: _____