



SLCC TRAVEL CARD APPLICATION (T-CARD)

1. Complete application
2. Sign and obtain authorization signature(s)
3. Read and sign "Cardholder Agreement to Accept the SLCC Travel Card (T-Card)"
4. Send agreement and application via campus mail to Peter Jenson – Mail Code BOF

T-Cardholder's Full Legal Name (only middle initial will appear on card):

First Name _____ Middle Name _____

Last Name _____ Work Phone () _____

Dept Name _____ Campus _____

Default Monthly Limit - **\$ 2,000** Default Single Transaction Limit - **\$ 1,500**

Or Other Requested Limits: Monthly - \$ _____ Single Transaction - \$ _____

Justification: _____

Default Index _____ Default Travel Expense Account – Staff 90110
 (Circle appropriate #) Faculty 90120
 BCM 90125

AUTHORIZATION SIGNATURES

T-Cardholder's Signature _____ Date _____

BCM/Supervisor's Signature _____ Date _____

T-Card Administrator Signature _____ Date _____

T-Card Picked Up By _____ Date _____

FOR CONTROLLER'S OFFICE USE ONLY

Division:

Department: