



University of Wisconsin-Eau Claire
US Bank Corporate Travel Card Application

Please print or type this application completely and send it to your Program Administrator. Any applications not filled out completely will cause processing delays.

EMPLOYEE INFORMATION **PLEASE PRINT CAREFULLY**

Last Name	First Name	Initial
Employee ID #	Social Security #	Date of Birth (MM/DD/YEAR)

BILLING ADDRESS

Street Address (home)			
City	State	Zip/Postal Code	Country
Work Phone	Home Phone	Email address	

Travel Card User Agreement (Please read prior to signing)

This Travel Card may be used for all reimbursable travel expenses related to official State of Wisconsin business. The Travel Card may be used for non-reimbursable expenses that are reasonably incident to business-related travel expenses. Typical examples of approved uses of the Travel Card include expenses such as airfare, lodging, car rental, meals, conference or meeting registration and ground transportation when incurred in official state business travel status. The employee must pay for all travel expenses charged to a personal liability corporate travel card and apply for reimbursement through the Travel Expense Reimbursement (TER) process, supplying original documentation as required by current procedure. Only travel expenses related to the conduct of UW business may be reimbursed. The travel card may not be used for personal expenses. Any expenses other than those specifically authorized in the Travel Card Policy & Procedures Manual are not allowed. Use of the Travel Card for personal expenses is not allowed and will lead to cancellation of card privileges and may be cause for disciplinary action.

The following are your responsibilities as a State of Wisconsin Travel Card Cardholder:

- Follow State of Wisconsin travel regulations, (see www.doa.state.wi.us keyword: travel services);
- Follow policies and procedures set forth in Travel Card Policies and Procedures Manual (see www.doa.state.wi.us keyword: travel services);
- Promptly pay Travel Card bills in full each month;
- Work directly with US Bank to resolve billing disputes;
- Cancel cards upon termination, suspension, extended leave of absence from employment or transfer between state agencies.
- Report cards lost or stolen.

I have read the US Bank Cardholder Agreement and I understand the procedures covered in the attached letter and agree to abide by them. I understand that my failure to adhere to these procedures constitutes misuse of company property and may result in revocation of the US Bank Travel Card or other disciplinary measures.

I certify that I am an employee of the university and understand and agree that the Travel Card will be issued to me upon approval of this application. I also agree to use the issued card in accordance with the University Travel Card User Agreement. I agree to surrender the card and discontinue use upon request or upon termination of employment for any reason. I understand that the complete Travel Card User Agreement will be provided when the card is issued. I agree to read these terms and conditions of the Travel Card User Agreement. I understand that this Travel Card is for business-related expenses only.

Applicant Signature _____ Today's Date _____

Please sign and return this form to:

UW-Eau Claire
Penny Odell
105 Garfield Ave S101
Eau Claire, WI 54701