

# UNIVERSITY OF ALASKA

## INDIVIDUAL TRAVEL CARD APPLICATION FORM

### CARDHOLDER INFORMATION (ALL FIELDS ARE REQUIRED – TYPE OR PRINT)

Full Legal Name	Employee Email	Work Phone
Employee ID (3xxxxxxx)	Last 4 Digits of SSN	Mother's Maiden Name
UA Name (computer/email login)	USA Citizen? (if no, list citizenship) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)
Department		Department Orgn

### HOME ADDRESS INFORMATION (REQUIRED FOR ALL CARD TYPES)

Physical Address		
City	State	Zip Code
Mailing Address (if different from above)		
City	State	Zip Code

### DESIGNATED DEFAULT BANNER ACCOUNT & CONTROL INFORMATION

Monthly Credit Limit (Default \$5,000)	Single Purchase Limit (Default \$2,500)	Cash Advance (Default \$1,200)	Transactions/Month (Optional)
Justification for Limit(s) over default			

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Signature – Dean/Director/Department Head/Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Printed Name

### INFORMATION BELOW THIS LINE TO BE COMPLETED BY CARD SERVICES

#### Reporting Hierarchy

D-Level Org	Comments
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#### Card Issuance Approval

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_.