



Travel & Expense Card Application 1505.1.1f

Instructions: Please complete the required fields and submit the signed form to your [Access Request Coordinator](#) (ARC) for submission to the Travel Card Office. For assistance completing this form, please contact the Travel Card Office at travelcard@unc.edu.

Accountholder Information

Accountholder Name: _____
(Name on card, 21 character limit.) First Name Middle Name/Initial (optional) Last Name

PID:

ONYEN: _____

Department Number:

UNCCH Email Address: _____

Business Phone: _____

Campus Mailing Address: _____
Street Address City State Zip Code

Monthly Credit Limit: _____
(Select the amounts from the dropdown options.)

Additional Comments/Information (Optional)

I agree to use this card for approved purchases only. I further understand that I may be personally liable for any funds misused with this card. In signing below, I attest that I am a permanent employee and at least 21 years of age or older as of the date indicated.

Accountholder Signature

Date

Departmental Approval

Department Approver Name: _____
First Name Last Name

Department Approver Email Address: _____

Department Name: _____ **Department Number:**

Business Manager/Department Head Signature

Date