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| **[One-color Mark](http://imagegallery.tamucc.edu/main.php?g2_itemId=7651)** | **TEXAS A&M UNIVERSITY–CORPUS CHRISTI** |
| **Citibank Corporate Billed (CBT) Travel Card** |
| **CARDHOLDER APPLICATION/APPROVAL FORM**  **New Card Request  Intermediate Use Only**  **Name Change  Transferred to New Dept  Other** |

## **Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print or Type Only)**

**Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept 4 digit FAMIS Code:\_\_\_\_\_\_\_\_ Bldg/Rm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Must be Standard University format –** [**firstname.lastname@tamucc.edu**](mailto:firstname.lastname@tamucc.edu)**)**

**Last four digits of applicant’s Social Security Number and UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department default FAMIS Account (and if applicable, Support Account)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please provide local account number. Account number designated will be the default expense account on Citibank GCMS in association with the IBCP Travel Card. The Account must have M&O assigned in the budget to be allowed as the Default.

**Monthly Limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single transaction limit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(STL is $ 2,000.00 unless otherwise specified, maximum is $5,000.00)

**Department contact for assistance with Reconciliation/Preparer:**

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| **Name:** |  |  |  | **Phone:** |  |  |  | **E-mail:** |  |  |

**Please provide the name(s) of the authorized individual(s) who can approve your Higher Lodging/Business Meals/Multiple Travelers: \***

**(\*Must be completed to process application)**

**Dean/Department Head Name (if other than Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vice President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Responsibilities as a Cardholder:**

* Must attend a training class.
* Follow the IBCP Card Guidelines of TAMU-CC in regards to what is allowed on the card, documentation, and due dates.
* Agree to buy within the delegated limits approved.
* Secure the card in a safe place. Never allow anyone to use your card.
* Reconcile or make sure the monthly expense report is reconciled. Print the expense report. Provide proper documentation.
* Sign expense report and have it approved by employee’s department/division head.
* Submit monthly expense report with original receipts and all documentation to the Card Services Department. Some receipts require Itemization, see IBCP Card Program Guide.
* Keep a copy of what you submit to the Card Services Department: The Expense Report and All documentation.

**Applicant’s agreement:**

I understand that I must be an employee of Texas A&M University-Corpus Christi. I agree to my responsibilities listed and to follow the procedures set forth in the “IBCP Card Program Guide”. I further agree to adhere to the departmental delegated authority guidelines and to sign the IBCP Travel Card Cardholder Agreement prior to Card issuance. Upon the issuance of card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment.

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| **Applicant’s Name (Print/Type)** | | **Applicant Signature** | | **Date** | | |
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**Department/Division Head Responsibilities:**

The department/division head, or designee, is responsible for:

* Authorizing employee to receive an IBCP Card and set his/her card limits.
* Monitor accounts being used by cardholder to ensure sufficient funds are available.
* Designate an employee to do the reconciling on a monthly basis using GCMS.
* Approve the monthly Expense Reports prior to the 25th of each month.
* Review the accounts and object codes used; ensure that all receipts and/or Documentation are attached for review.
* Notify the Card Services Coordinator by email when employees terminate employment or transfer.
* Review activity and request cancellation of cards based on non usage to limit our liability.
* If department/division head is unable to sign, refer to Authority to Approve Travel and Reimbursements Memo DCBA Card Website – Online Memos.
* Assist as needed to obtain information or documents regarding issues for proper authorization, documentation, or users that are not responding to requests for information to complete cardholder expense reports.

**Department/Division Head Approval & Agreement:**

I hereby approve the applicant, listed above, for issuance of a Texas A&M University–Corpus Christi Individual Billed/Corporate Paid (IBCP) Travel Card**.** I have assigned the duty to assure that the account used will have sufficient funds to cover any charges made by individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation submitted. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment. I understand my responsibilities listed above. I further agree to review and be familiar with the DCBA Card and Travel Policies prior to approving any expense reports.

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| **Department/Division Head Name** | | **Department/Division Head Signature** | | **Date** | | |
| **(Print/Type)** | |  | |  | | |

**IBCP Card Program Administration Use Only**

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Program Administrator Date Hierarchy Assignment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted Card Receipt Date

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Card Number Exp Date Issued to Cardholder