



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: _____ **NC** _____
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



Travel & Expense Card Accountholder Agreement Form

Instructions: Please complete and submit this form with your [T&E Card Application](#) to your [Access Request Coordinator \(ARC\)](#) for submission to the Travel Card Office.

Accountholder Agreement

I, _____ hereby request a Travel & Expense Card.
(Accountholder First and Last Name)

As an Accountholder for the _____ Department/Division/Office, I agree to comply with the following terms and conditions regarding my use of the card:

1. I understand that I am being entrusted with a valuable tool, a Travel & Expense (T&E) Card. I will strive to obtain the best value for the University, when making financial commitments on behalf of the University of North Carolina at Chapel Hill.
2. I understand that the University is liable to Bank of America for all charges made on my T&E Card. I further understand that I may be personally liable for the misuse and/or abuse of funds on my card.
3. I agree that I am the only person authorized to make purchases using my T&E Card. Giving the card or account number to another person to make a purchase is not advised. I am solely responsible for protecting my T&E Card from misuse/abuse.
4. I will follow the established policies and procedures for the use of my T&E Card. Failure to do so may result in either revocation of card privileges or other disciplinary actions, including those in accordance with the Human Resources Employee Manual.
5. I have read a copy of the [Travel & Expense Card Handbook](#) and [University Policy on T&E Card Infractions](#), and I understand the requirements for use of my T&E Card.
6. I agree to return my T&E Card immediately upon request of my Business Manager or Department Head, or upon notice of termination of employment (including retirement) with the University. Upon notice of transfer from my current department within the University, I must notify the Travel Card Office immediately and seek approval to maintain my card from my new Business Manager or Department Head.
7. If my T&E Card is lost or stolen, I agree to notify Bank of America at 1-888-449-2273 (24 hours a day, 365 days a year) and the Travel Card office immediately.

By checking the box, I expressly acknowledge and agree to comply with all laws, ordinances, codes, regulations, rules, requirements and University of North Carolina at Chapel Hill policies and procedures that are applicable to purchases, including those of federal, state, and local agencies having jurisdiction and/or authority.

Accountholder Signature

Date