



# Travel and Expense Card Misuse/Abuse Notification - Form 1505.2.1RD

**Instructions:** Email this completed form to [travelcard@unc.edu](mailto:travelcard@unc.edu), to document Travel and Expense (T&E) Card misuse and/or abuse. For additional information regarding allowable and non-allowable T&E Card transactions view the [Procedures for Using a Travel & Expense Card 1505.2](#) This document may be filled out by the Accountholder or another member of the department.

**Date of Notification:** \_\_\_\_\_

**Type of Infraction** (select one from the dropdown): \_\_\_\_\_

**Last 4-digits of T&E Card Number:**

**Accountholder:** \_\_\_\_\_  
(First and Last Name)

**Report ID or Report Number:** \_\_\_\_\_

**The following transaction(s) occurred on the University T&E Card:**

Merchant	Date	Amount	Policy Infraction
1. _____			
2. _____			

As outlined in T&E Card policies and procedures, this type of transaction is not permissible on the University T&E Card. As a result, policy requires this letter of notification be issued. Should three or more misuse violations occur within a 12 month review period or audit review period, your T&E Card privileges may be suspended. Abuse violations may result in immediate cancellation of your T&E Card.

Per the T&E Card Accountholder Agreement Form, the Accountholder may be held personally liable for any funds misused with their card. Should you have any questions or concerns regarding this letter, the related transaction(s) listed, or if you are unsure if a purchase is allowed, contact the Travel Card Office at [travelcard@unc.edu](mailto:travelcard@unc.edu).

**Comments or Further Action Required:**

By signing below, I acknowledge that I have been duly informed of the findings outlined above and understand the circumstances of this notification.

_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Accountholder First & Last Name	Accountholder Signature	Date	Department Number

_____	_____	_____
Business Manager/Department Head First & Last Name	Business Manager/Department Head Signature	Date