

**CARDHOLDER APPLICATION/APPROVAL FORM  
FOR  
TRAVEL-CARD CENTRALLY BILLED ACCOUNT (CBA)**  
*(Approved for Athletics, Recruiters, Student Travel, Deans/Executive Directors and above)*

***Cardholder/Applicant Information***

Name:  Title:

Last 4 digits of Social Security #:  Work Phone:  Work E-Mail:

College/Division:  Department:

***Card Information***

The traveler is allowed to purchase airfare, hotel accommodations, ground transportation, registration and meals. **(LOCAL FUNDS ONLY)** Monthly limit is \$3,000 unless increase is approved by the appropriate Vice President/Provost.

If the traveler has only State funds, the card is restricted to \$600 for airfare and registration. **No** other purchases are allowed.  
 Select Primary FundingSource: Local  Grant  State  Will this card be utilized primarily for student travel?

Provide Banner FOP information			
Banner	Fund	Org	Program
Default			
Alternate			

For Procurement use only: MCC Group						
EXE	TXAIR	STU	CBA	ATHL	DEPT	INDV

Note: Travel Card will not be released until Cardholder successfully completes travel card training.

***Business Contact Information***

List Business contact responsible for SDOL entries, processing Expense Reports, maintaining forms, receipts and T-card maintenance.

Name:  Work Phone:  Work E-Mail:

Note: Business Contacts are typically the departmental Administrative Assistant. They and/or the cardholder are required to complete Smart Data Online training.

***Division/College Business Administrator***

Responsible for travel-card program of said College or Division. Responsibilities include: reviewing, approving/ disapproving transactions made by cardholder, verifying budget availability, verifying correct account # is selected etc. Note: C/DBA is required to complete Travel Card training annually.

C/DBA \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Approvals (Funds beginning with 2 or 3 require approval by Research & Financial Services)***

Research & Financial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President/Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required if applicant is a direct report to the President)