



(CHECK APPROPRIATE BOX BELOW)

US Bank Visa Departmental Travel Card (Ghost Card)

APPLICANT INFORMATION:

Employee ID: _____

First Name: _____ Middle Initial: _____ Last Name: _____

DEPARTMENT INFORMATION:

Department Name: _____ Building/Room#: _____ Mail Stop: _____

Default Chartstring: Account _____ Fund _____ Dept _____

ADDITIONAL INFORMATION:

Office Phone: 916-278-_____ Email Address: _____@csus.edu

I understand and agree to the following terms (Initial each line):

_____ This card will be used for business related travel charges only.

_____ I am responsible for all charges on the credit card. I am not authorized to place personal expenses on the Travel Card

_____ I am responsible for completing my monthly reconciliation statement within the established timeline.

_____ Should I fail to comply with the appropriate use of the Travel Card, the card will be cancelled and no new card will be issued.

_____ I have read and understand the [CSU Travel Procedures and Regulations](#)

Applicant's Signature: _____ Date: _____

Immediate Supervisor/Dept. Chair (Printed): _____

Immediate Supervisor/Dept. Chair Signature: _____ Date: _____