



(CHECK APPROPRIATE BOX BELOW)

US Bank Visa Individual Concur Travel Card (Plastic Card)

APPLICANT INFORMATION:

Employee ID: _____

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

DEPARTMENT INFORMATION:

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

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 a Concur Expense Report for all travel card charges within 60 days from the return date of my trip.

_____ 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 (Print): _____

Immediate Supervisor/Dept Chair (Signature): _____ Date: _____

Dean (Print): _____ Signature: _____

Date: _____

PLEASE EMAIL APPLICATION FORM TO: sacstatetravel@csus.edu