

VIRGINIA COMMONWEALTH UNIVERSITY
Corporate Travel Card Request Form

NAME _____
 LAST FIRST MIDDLE

SSN _____ **E-MAIL** _____

DEPARTMENT _____ **PHONE #** _____

I request that a Corporate Travel card be issued to me by Virginia Commonwealth University (VCU), and thereby agree to:

1. Assume full responsibility for all charges to my Corporate Card authorized by me.
2. Only use the Corporate Travel Card for charging travel expenses for which I will receive reimbursement by the University.
3. Make full payment within 30 days of receipt of each statement of all charges appearing on my Corporate Card Travel monthly statement.
4. Notify the Corporate Travel Card Coordinator immediately prior to my separation from employment at VCU.
5. Surrender my Corporate Card upon request by Card Provider or VCU for failure to meet my financial obligations to Card Provider.
6. Authorize VCU to deduct cash advances from my paycheck, if I fail to repay my advance to Card Provider within ninety (90) days after the cash advance draw down.
7. Acknowledge and understand that VCU may treat the non-repayment of cash advances with 90 days as a misuse of state funds and may take appropriate action against employees who are in this category.
8. Submit a Travel Reimbursement Voucher within one week of completing any travel.

I hereby request a Corporate Travel Card.

Employee Signature **Date**

Return to: Procurement & Payment
 Corporate Travel Card Administrator
 Box 980616
 Richmond, VA 23298-0616
