



PAYMENT SERVICES

Administration East, Room 106
accounts_payable@csub.edu

The University-paid Concur travel credit card is available only to employees who submit all their travel Requests and Expense Report Claims in the Concur system. **The card limit will be \$5,000 unless another amount is listed here:** _____

APPLICANT INFORMATION	
Last 4 digits of Employee ID: _____	
Legal First Name: _____	M.I. (optional) _____ Last Name: _____
Office Phone: 661-654-_____	Email: _____@csub.edu
DEPARTMENT INFORMATION:	
Department Name: _____	Bldg/Room# _____
CONTACT NAME (IF DIFFERENT): _____	
Office Phone: 661-654-_____	Email _____@csub.edu

CARDHOLDER'S DUTIES. I understand and agree to the following terms. *(Initial each line.)*

_____ I agree to submit all of my Travel Requests and Travel Expense Report Claims in Concur.

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

_____ I am responsible for completing my monthly reconciliation of charges by submitting my travel expense report(s) in Concur within 30 days of the end date of the trip. (CSU Policy requires travel to be fully approved no more than 60 days after the end of travel.)

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

_____ I have read and understand the CSUB Travel Policy at https://www.csub.edu/bas/paymentservices/_files/travel_policy.pdf.

APPROVALS	
Applicant's Signature: _____	Date: _____
Approving Administrator (Print): _____	Date: _____
Approving Administrator (Signature): _____	

Accounts Payable Manager _____	Notes _____	Payment Services Director _____
Date Card Ordered _____	Date Card Received _____	Date Card Given to Cardholder _____