



**PAYMENT SERVICES**

Administration East, Room 106  
accounts\_payable@csub.edu

**To submit, either: 1) email the completed form to Payment Services at accounts\_payable@csub.edu or 2) submit it in Adobe Sign to both accounts\_payable@csub.edu & mchavez14@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 a different 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/Policies/index.html>.

**APPROVALS**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Administrator (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Approving Administrator (Signature): \_\_\_\_\_

Payment Services Manager

Notes

MICHAEL CHAVEZ, Chief Procurement Officer & AVP

Date Card Ordered \_\_\_\_\_

Date Card Received \_\_\_\_\_

Date Card Given to Cardholder \_\_\_\_\_