



**Indiana University of Pennsylvania  
International Travel Card Cardholder Enrollment Form**

**Monthly Credit Limit -- \$10,000 maximum / Transaction Limit -- \$5,000 maximum**

Fill in ALL blanks in Section A and return to Travel Card Administrator.

**Section A -- Cardholder Information -- PLEASE TYPE OR PRINT**

Cardholder Full Name <small>(First Name, Last Name)</small>	Last 4 digits of Banner ID Number
Department Name	Email Address
Home Address	Office Phone #
Home Phone #	
<b>Default SAP Cost Center / WBS</b>	
Cardholder Signature: _____	Date: _____
Financial Manager Signature: _____	Date: _____
Vice President Signature: _____	Date: _____
VP Administration and Finance Signature: _____	Date: _____

<b>Section B – Do Not Write Below This Line To be completed by Travel Card Administrator</b>	
Signature Authority Verified by _____	Date _____
Entered on Works _____	Date _____
Active Cardholder Spreadsheet _____ Subscriber List _____ Works _____	