



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

Monthly Credit Limit -- \$7,500 maximum / Transaction Limit -- \$1,500 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 #	
Default SAP Cost Center / WBS	
Cardholder Signature: _____	Date: _____
Financial Manager Signature: _____	Date: _____
Vice President Signature: _____	Date: _____
VP Administration and Finance Signature: _____	Date: _____

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