

2017

# Travel and Expense Card Application



**FINANCE & TREASURY**  
FINANCE.PRINCETON.EDU/FORMS/

TODAY'S DATE
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New Card Request       Change Request

## Cardholder Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	BUSINESS PHONE
DEPARTMENT NAME			EMAIL ADDRESS

## Type of Traveler/Requested Limits

- Infrequent and Domestic Only Traveler (Max \$5,000 per transaction/Max \$5,000 per month)
- Frequent or International Traveler (Max \$10,000 per transaction/Max \$10,000 per month)
- High Volume Traveler (Max \$20,000 per transaction/Max \$20,000 per month)

BUSINESS PURPOSE (REQUIRED FOR HIGH VOLUME TRAVELERS)

Enable Cash Withdrawal?       Yes       No

BUSINESS PURPOSE (REQUIRED ON ALL REQUESTS FOR CASH WITHDRAWAL)

## Cardholder Signature and Consent

By signing below you confirm that you have reviewed and agree to comply with University policy and any applicable sponsor restrictions, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance. You also agree that:

1. The cardholder will secure the physical Princeton University Travel and Expense Card as well as the credit card number and not share the card, card number, or PIN for use by other individuals to conduct transactions.
2. Any personal expenses deliberately or inadvertently transacted with the Princeton University Travel and Expense Card by the cardholder will be reimbursed in a timely manner or deducted from the cardholder's pay.
3. Any unapproved or otherwise unallowable expenses transacted with the Princeton University Travel and Expense Card by the cardholder will be reimbursed in a timely manner or deducted from the cardholder's pay.

CARDHOLDER SIGNATURE	JOB TITLE	DATE
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## Departmental Authorization

By signing below you confirm that you have reviewed and agree to monitor proper use of the Princeton University Travel and Expense Card, comply with University policy and any applicable sponsor restrictions, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance.

DEPARTMENT HEAD/CHAIR (PRINT NAME)	DATE	DEPARTMENT HEAD/CHAIR SIGNATURE
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## Finance and Treasury Review and Approval for Limit Change Requests

FINANCE AND TREASURY (PRINT NAME)	DATE	FINANCE AND TREASURY SIGNATURE
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► **Please send the original, signed form to the Financial Service Center, 7 New South, or [finance@princeton.edu](mailto:finance@princeton.edu).**  
Questions? Contact the Financial Service Center at (609) 258-3080, or email [finance@princeton.edu](mailto:finance@princeton.edu).