

CARDHOLDER ENROLLMENT FORM

NORTHWESTERN STATE UNIVERSITY
TRAVEL CARD/CBA PROGRAM

___ NEW (Apply for State Liability Travel Card)

___ CHANGE CARDHOLDER STATUS

Reason for change: _____

To be completed by Cardholder

Cardholder Name: _____ Cardholder Job Title: _____

Department: _____ Main Campus Building: _____ Room #: _____

SATELLITE CAMPUS USE ONLY

Office Mailing Address: _____

City, State, & Zip Code: _____

Office Phone #: _____ NSU Email Address: _____

Cardholder's Signature: _____ Date: _____

Cardholder Approver's Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

To Be Completed by Travel Program Administrator

Overall Card Limit: _____

Single Transaction Limit: _____

Approved _____ Denied _____ Justification: _____

Program Administrator: _____ Date: _____

NOTE: This form is to be completed by the cardholder and forwarded to Business Affairs/Travel for processing Or Fax to 318-357-4985.

Signature of Cardholder that card was picked up _____ Date _____