



BUSINESS AND FINANCIAL AFFAIRS
Accounts Payable

CTC

New Request for Traveler
New Request for Dept Travel Cardholder
Update Request

Corporate Travel Credit Card Program (CTC) REQUEST FOR PARTICIPATION

Please complete a form for each card requested. The cardholder's name will appear on the credit card exactly the way it reads on this form.

Cardholders must be a San Diego State University employee to participate. Cardholders and department travel cardholder will be responsible for making direct contact with vendors for travel purposes and using the travel credit card in accordance with campus policies as stated in the Corporate Travel Card Handbook, SDSU Travel Policy and SDSU Travel Procedures and Regulations. Cardholders and department travel cardholder will prepare a monthly reconciliation of credit card purchases and forward to the Approving Official of record.

The Approving Official will review the monthly credit card statement within 30 days for appropriate use of State funds and approve all charges either electronically or manually before forwarding it to Accounts Payable.

Cardholder's Name _____ Red ID# _____

Department _____ MC _____

Cardholder's Phone # _____ Email: _____

Dept Oracle Account # _____

ORG		ACTY		NACCT		ENDVR		FUND		FUNC
	-		-	60605	-		-		-	
	-		-	60610	-		-		-	
	-		-	60625	-		-		-	

*Attach Excel list/file if more accounts are required for a single card (dept travel)

Monthly Credit Limit _____

Cardholder's Signature _____ Date _____

Approving Official's Name _____ Approving Official's E-Mail Address _____ Approving Official's Phone # _____ Approving Official's Signature* _____ Date _____ <small>*I verify that the cardholder is an employee of San Diego State University</small>

By this signature, the Corporate Travel Card (CTC) Holder is hereby delegated the authority to make credit card purchases not to exceed **\$2,000** per order for the account(s) listed above. In addition, this signature hereby authorizes the Approving Official (AO) to approve CTC purchases for the above referenced cardholder, not to exceed **\$2,000** per transaction. I verify that the cardholder is an employee of San Diego State University.

Dean, VP or AVP's Name (print) _____

Dean, VP or AVP's Signature _____ Date _____ Phone# _____

Accounts Payable Use Only-----

Accounts Payable Manager's Signature Print Name Date