

University of New Orleans State Liability Travel Card Program Enrollment Form

New

Change – Cardholder Account #: _____ (last eight digits only)

Delete – Cardholder Account #: _____ (last eight digits only)

Section I: Completed by Cardholder / Supervisor:

Cardholder Name: _____ (maximum of 26 spaces)

Cardholder's EMPLID: _____

UNO Department: _____

Statement Billing Address: _____

Must be on campus address _____

City, State Zip _____

Campus Phone # _____ UNO Email: _____

Supervisor's Signature: _____

Supervisor's Name (PRINT) _____

*Default Speed Key # _____ Grant: Yes No If Yes, Expiration: _____

*The Default Speed Key is needed when entering a cardholder's information in Bank of America's system

Section II: To be completed by Accounts Payable / Business Affairs:

Overall Card Limit: _____ Single Transaction Limit: _____ (Max \$5,000)

Spending Limit per Cycle: _____ (9th to 8th each month)

Number of Purchases Allowed per month: _____ (9th to 8th each month)

Approved by: _____ Date: _____

Note: Forward completed form to Accounts Payable, ADMIN 205

Date application processed and card ordered by Business Affairs: _____

Cardholder's signature verifying card picked up at Business Affairs: _____

Pick-Up Date: _____