



UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL CITIBANK TRAVEL CARD APPLICATION

SECTION I **CARDHOLDER INFORMATION** (Please Print)

First Name of Cardholder	Middle Initial	Last Name (maximum 25 characters)
Department Name		Employee number
Job title/position		

SECTION II **CREDIT LIMIT**
 Dollars per Cycle Limit (Card Limit) \$: 3,500 *Not to exceed \$3,500 (for requests in excess of \$3,500 please call the program administrator)*

SECTION III **EMPLOYEE UNDERSTANDING/SIGNATURE**

Employee Applicant understands that this card is to be used for authorized business and travel expenses only and that Employee Applicant is fully responsible and liable for all expenses charged to the card. Employee Applicant understands all charges incurred are due within 30 days of statement date and that all late fees incurred due to delinquency is their responsibility.

Employee applicant acknowledges they have received a copy of the University of Massachusetts Medical School Travel and Business Expense Reimbursement Policy and have read and understand the procedures governing use of the corporate travel and business card provided by UMMS. Employee applicant also acknowledges that misuse of the corporate travel card may result in disciplinary action up to, and including termination.

Cardholder Signature: _____ Date _____

SECTION IV **DEPARTMENT HEAD SIGNATURE**

Department Head Name _____

Department Head Signature: _____ Date _____

Please send the approved original application to the Accounts Payable Department. Upon receipt of the application the program administrator will send an email invite to the cardholder to apply for the Citi account online. After you have enrolled online the card will be mailed to the program administrator within 7-10 business days. If you have any questions regarding the status of your application please call 508-856-6305.

SECTION V **CARD JUSTIFICATION**

Briefly explain the business justification for the card if the applicant does not meet the corporate eligibility requirements listed in the Travel and Business Expense Policy.

SECTION VI **FINANCIAL SERVICES APPROVAL**

AVC for Administration & Finance Signature: _____ Date _____

Program Administrators Signature: _____ Date _____