



Travel & Expense Card Application 1505.1.1f

Instructions: Please complete the required fields and submit the signed form to your [Access Request Coordinator](#) (ARC) for submission to the Travel Card Office. For assistance completing this form, please contact the Travel Card Office at travelcard@unc.edu.

Accountholder Information

Accountholder Name: _____
(Name on card, 21 character limit.) First Name Middle Name/Initial (optional) Last Name

PID:

ONYEN: _____

Department Number:

UNCCH Email Address: _____ **Business Phone:** _____

Campus Mailing Address: _____ **Chapel Hill** **NC** **27599-3280**
Street Address City State Zip Code

Monthly Credit Limit: \$5,000
(Select the amounts from the dropdown options.)

Additional Comments/Information (Optional)

I agree to use this card for approved purchases only. I further understand that I may be personally liable for any funds misused with this card. In signing below, I attest that I am a permanent employee and at least 21 years of age or older as of the date indicated.

Accountholder Signature Date

Departmental Approval

Department Approver Name: Logan Brackett
First Name Last Name

Department Approver Email Address: logan@unc.edu

Department Name: Biology **Department Number:**

Business Manager/Department Head Signature Date