



**California State University Long Beach
Travel Card Application**

This form, used in conjunction with an online application from American Express, will be used to process your request for a Travel Card. See Instructions American Express Travel Card Instructions.

Instructions: Please complete both forms, obtain appropriate signatures, and submit to the University Controller's Office FND-280 MS 9901

Applicant Information

Applicant Name: _____ Title: _____
Department: _____ Mailstop: _____
Phone Extension: _____ Email: _____
EMPLID: _____

Applicant Statement: I agree to the terms stipulated in the CSULB Travel Card Administrative Guidelines and the American Express Cardholder's Agreement. I understand that I am responsible for maintaining my account Profile with American Express and for timely payment of all charges. Furthermore, I agree to utilize the card solely for University business and agree to surrender my card upon request or upon separation from the University.

Applicant Signature Date

Departmental Signature Approval

Appropriate Administrator Statement: I certify that the employee meets the eligibility requirements. I have read and understand the American Express Travel Card guidelines. I also understand the departmental responsibilities associated with this card.

Appropriate Administrator Print Name Appropriate Administrator Signature Date

For Dept Use (optional)
