



Request for University Credit Card

_____	_____	_____	_____	_____	
Last Name	First Name	M.I.	Employee Title	Employee ID	
_____	_____	_____	_____	_____	
Department, Division or School	Name of Dean or Chairperson	Name of Vice President	Date		
Are you a full-time employee? → → → → → → → → → → → →				Yes	No
1. Do you travel frequently on University business? If yes, how often <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice a month What is the purpose of your travel for the University? <input type="checkbox"/> Recruiting <input type="checkbox"/> Academic (not research related) <input type="checkbox"/> Academic Research <input type="checkbox"/> Fundraising <input type="checkbox"/> Athletics <input type="checkbox"/> Sponsored Programs (Specify: _____) <input type="checkbox"/> Transportation (Motor Pool) <input type="checkbox"/> Other (_____)					
2. Do you travel frequently with students?					
3. Are you a Principal Investigator for a research grant? If yes, name of your research project/grant (_____)					
4. Were you previously issued a University Credit Card? If yes, what was the card number (_____) What were the average charge transactions per month: \$ _____ Did you charge personal items to the card?					
Agreement to Comply with Claflin University Credit Card Policy					
As a cardholder of a University American Express (i.e., President and Vice Presidents only) or Visa credit card, I agree that I will only use the card for University business expenses. As a cardholder, I agree that any personal expenses that I charge to the card may be deducted from my wages/salary earned immediately after the University has been billed/invoiced by the issuer of the credit card in my possession. As a cardholder, I agree to submit a Travel Report within 14 business days subsequent to travel with copies of charge receipts attached. As a cardholder, I agree to immediately report the card as lost, misplaced or stolen to the Office of the Vice President of Fiscal Affairs upon discovery of such card being lost, misplaced or stolen. As a cardholder, I warrant that I have read this Agreement to Comply with the Claflin University Credit Card Policy; that I have been provided a copy for my records; and that I have been provided a copy of the Claflin University Credit Card Policy.					
_____		_____		_____	
Please <i>print your name</i> above		Please sign your name above		Date	
Request reviewed and approved by Vice President			Request received by Division of Fiscal Affairs and reviews for prior credit card activity		
Reviewed by Vice President for Fiscal Affairs			<u>Comments:</u>		
Office of the President					
<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved					

Dwaun J. Warmack, Ed.D. - President					