

**ANGELO STATE UNIVERSITY  
INDIVIDUALLY BILLED TRAVEL CARD  
CARDHOLDER APPLICATION/APPROVAL FORM**

Applicant's Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Home/Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

I agree to adhere to State of Texas and ASU policies and procedures related to Travel Card purchases. I understand that I am responsible for full payment of my statement balance each month. I further understand that this card is for business related travel expenses only, and that improper use of the Travel Card will result in a written warning; following the third warning, the Vice President of Finance and Administration will be notified.

\_\_\_\_\_  
Applicant's Name (Print/type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*\*For personal security reasons, please have this completed form hand-delivered to the Travel Office\*\*\***