

RETURN TO THE PURCHASING OFFICE

Name (To be issued in the name of an employee)

Faculty or Staff

Work Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Employee Saints ID#: _____
(as shown on SLU identification card)

Employee Who Will Be Completing On-line Transactions: _____

Supervisor - The Final Approver of the Expense Report: _____

Cost Center Expenses will be charged to: ____ - ____ - ____ - ____ - ____

All information needs to be filled out to prevent a delay in processing the card.

I request a Corporate Card for Travel issued under St. Lawrence University's agreement with M&T Bank. I have read the St. Lawrence University Travel Policy and Travel Card Policy located on the Business Office website and agree to comply with the terms and conditions as set out therein. I understand that expense reports must be completed on line by the 15th of each month. I understand that the card will be revoked if I fail to comply.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____

VP or Dean or Chair Signature: _____ Date: _____

PLEASE RETURN TO THE PURCHASING OFFICE.

For Internal Use:

- Create New Account
- Set Card Owner/Approver
- Set Allocation Codes
- Send email
- Send Letter w/Card
- New Approver Instructions

Initials _____