***SRU TRAVEL CARD***

**CARDHOLDER ENROLLMENT / CHANGE FORM**

 **Action:** [ ]  Initial Enrollment [ ]  Change to Existing Account

Fill in **ALL** blanks down to double line and return to Card System Administrator

**Individual's Information to Appear on Card**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: |       | First Name: |       | Middle Initial: |       |
| Date of Birth (required):       | Country of Citizenship (required):       |
| **Address Information (Required):** | **Verification Information:** |
| Home Address: |       | Applicant's Title |       |
| City: |       | Department Name: |       |
| State: |       | E-Mail Address: |       |
| Zip Code: |       | Last 4 digits of Social Security |      |
| University Building: |       | Office Phone: |       |
| Room #: |       |  |  |
|  | [ ]  Frequent Traveler | = $10,000.00 |
|  | [ ]  Average Traveler | = $ 5,000.00 |
| Check One: [ ]  Faculty [ ]  Staff | [ ]  Infrequent Traveler | = $ 2,500.00 |
|  Applicant verifies that he/she is a full-time employee of Slippery Rock University. Cardholder Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Approving requested credit limit) |
|  |  |