



**TEXAS A&M UNIVERSITY–CORPUS CHRISTI  
Citibank Corporate Billed (CBT) Travel Card  
CARDHOLDER APPLICATION/APPROVAL FORM**

- New Card Request    Intermediate Use Only  
 Name Change    Transferred to New Dept.    Other

APPLICANT'S NAME: \_\_\_\_\_ (Print or Type Only)   UIN: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_   DEPT FAMIS Code: \_\_\_\_\_   BLDG/RM #: \_\_\_\_\_

MAIL UNIT #: \_\_\_\_\_   PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ (Must be Standard University format – [firstname.lastname@tamucc.edu](mailto:firstname.lastname@tamucc.edu))

**DEPARTMENT DEFAULT FAMIS ACCOUNT (and if applicable, Support Account)** \_\_\_\_\_

Please provide local account number. Account number designated will be the default expense account on Citibank GCMS in association with the CBT Travel Credit Card. The Account must have M&O assigned in the budget to be allowed as the Default.

Monthly Limit: \_\_\_\_\_   Single transaction limit : \_\_\_\_\_  
(STL is \$ 2,000.00 unless otherwise specified, maximum is \$5,000.00)

**DEPARTMENT CONTACT FOR ASSISTANCE WITH RECONCILIATION (PREPARER):**

Name: \_\_\_\_\_   Phone: \_\_\_\_\_   E-mail: \_\_\_\_\_

**HIGHER LODGING/BUSINESS MEALS/MULTIPLE TRAVELERS APPROVER:**

Please provide the name(s) of the authorized individual(s) who can approve your Higher Lodging/Business Meals/Multiple Travelers: \*  
(\*Must be completed to process application)

Dean/Department Head Name (if other than Supervisor): \_\_\_\_\_   Dept/College: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_   Division: \_\_\_\_\_

**APPLICANT RESPONSIBILITIES AS A CARDHOLDER:**

- Must attend a training class.
- Follow the CBT Card Guidelines of TAMU-CC and the State of TX rules and regulations in regards to what is allowed on the card, documentation, and due dates.
- Agree to buy within the delegated limits approved.
- Secure the card in a safe place. Never allow anyone to use your card.
- Only utilize travel card for self and non-state employees.
- Reconcile expenses on per trip/per traveler basis.
- Provide proper documentation.
- Keep a copy of Expense Report with original receipts in department.

**APPLICANT'S AGREEMENT:**

I understand that I must be an employee of Texas A&M University-Corpus Christi. I agree to my responsibilities listed above and to follow the procedures set forth in the CBT Card Program Guide. I further agree to adhere to the departmental delegated authority guidelines and to sign the Citibank Corporate Billed Travel (CBT) Cardholder Agreement prior to Card issuance. Upon the issuance of card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

APPLICANT'S NAME: \_\_\_\_\_ (Print or Type Only) UIN: \_\_\_\_\_

**DEPARTMENT/DIVISION HEAD RESPONSIBILITIES:**

The Department/Division head, or Designee, is responsible for:

- Authorizing employee to receive a CBT travel credit card and set his/her card limits.
- Monitor accounts being used by cardholder to ensure sufficient funds are available.
- Designate an employee to do the reconciling on per trip/per traveler basis using Concur.
- Review the accounts and object codes used; ensure that all receipts and/or Documentation are attached for review.
- Notify the Card Services Coordinator by email when employees terminate employment or transfer departments.
- Review activity and request cancellation of cards based on non-usage to limit our liability.
- If Department/Division Head is unable to sign, a Proxy approver may be assigned, with proper documentation.  
– Proxy approver must be on same level or higher as original approver.
- Assist as needed to obtain information or documents regarding issues for proper authorization, documentation, or users that are not responding to requests for information to complete expense reports.

**DEPARTMENT/DIVISION HEAD APPROVAL & AGREEMENT:**

I hereby approve the applicant, listed above, for issuance of a Texas A&M University–Corpus Christi Citibank Corporate Billed Travel (CBT) credit card. I have assigned the duty to assure that the account used will have sufficient funds to cover any charges made by individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation submitted. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment. I understand my responsibilities listed above. I further agree to review and be familiar with the CBT Card and Travel Policies prior to approving any expense reports.

\_\_\_\_\_  
**Department/Division Head Name**  
**(Print/Type)**

\_\_\_\_\_  
**Department/Division Head Signature**

\_\_\_\_\_  
**Date**

**CBT CARD PROGRAM ADMINISTRATION USE ONLY**

_____ Program Administrator	_____ Date	_____ Hierarchy Assignment
Card Ordered by: _____	Date: _____	
Date Issued to Cardholder: _____		