



TRAVEL AND EXPENSE MANAGEMENT

UC MERCED TRAVEL & ENTERTAINMENT (T&E) CORPORATE CARD REQUEST FORM

Instructions:

This form must be completed and submitted to the Travel & Expense Management Office for review and approval. Incomplete forms will delay processing. Cardholders are responsible for understanding and complying with UC Merced's T&E Corporate Card policy.

Social Security Number Notice:

A Social Security Number is required to complete the T&E Corporate Card request process. For your security, please do not write your SSN on this form. A member of the Travel and Expense Team will contact you directly to collect this information confidentially.

EMPLOYEE INFORMATION

Full Legal Name: _____

Employee ID: _____

Job Title: _____

Department Name: _____

Supervisor's Name: _____

Campus Email Address: _____

Phone Number: _____

DEFAULT CHART OF ACCOUNT (COA) INFORMATION

ENTITY: _____ FUND: _____ HR UNIT: _____ ACCOUNT: _____ FUNCTION: _____

PROGRAM: _____ PROJECT: _____ TASK: _____ LOCATION: _____ SUB-ACTIVITY: _____

BUSINESS JUSTIFICATION

Please describe the business need for a T&E Corporate Card (include expected travel frequency, event planning responsibilities, etc.):

CARDHOLDER AGREEMENT

I accept the terms of the Cardholder Agreement below:

- _____ I agree to surrender the corporate card immediately upon termination of my employment or upon request by UC Merced.
- _____ I understand that I am personally responsible for all charges made on this card and agree to ensure timely reconciliation and payment of all expenses, including any late fees or penalties incurred.
- _____ I agree to submit accurate and complete expense reports with proper documentation in a timely manner and understand that failure to do so may result in suspension or revocation of card privileges.
- _____ I accept that UC Merced reserves the right to charge the Department COA for any unpaid balances, late fees, or other charges, including any outstanding balances remaining upon separation from the University. The department retains the right to require reimbursement from the cardholder for any charges applied to their Department COA.
- _____ I understand that misuse of the card, including unauthorized charges or failure to comply with UC policies, may result in account termination and disciplinary action.
- _____ I will promptly report any lost or stolen cards to US Bank to minimize liability and prevent unauthorized use.
- _____ I agree to participate in any training required by UC Merced related to the proper use and management of the corporate card.

ACKNOWLEDGMENTS AND APPROVALS

By signing below, I acknowledge that I have read, understood, and agree to comply fully with UC Merced's Travel & Expense Corporate Card Policy, including policies G-28 and BUS-79. I understand that all charges made with the Corporate Card are strictly limited to official University business. Furthermore, I agree to reconcile all transactions in Concur within 45 days of the expense date, in accordance with the policies. I recognize that failure to comply with these requirements may result in revocation of card privileges.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dept. Financial Officer Approval (if applicable): _____ Date: _____

SUBMIT COMPLETED FORM TO:

UC Merced Travel & Expense Management Via A ServiceNow Ticket: [New Corporate Card Request](#)