

## ODU Corporate Travel Card Application Individual Liability Charge Card

EMPLOYEE INFORMATION	
Employee Name	
Department	
Email Address	
University ID Number (UIN)	
Date of Birth	
Home Address, City, State and Zip Code <i>(Card cannot be mailed to a PO Box)</i>	
Business Phone Number	
Home or Cell Phone Number	
CREDIT LIMIT REQUIRED	
<input type="checkbox"/> \$1,000 – Light Traveler <input type="checkbox"/> \$1,500 – Moderate Traveler <input type="checkbox"/> \$2,500 – Frequent Traveler <input type="checkbox"/> \$5,000 – Constant Traveler	
EMPLOYEE ACKNOWLEDGMENT	
Employee Signature	
Date	
**THIS SECTION FOR OFFICE OF FINANCE USE ONLY**	
Date Application Received	
Date Application Keyed	

**Submit this application with the Corporate Travel Card Employee Agreement to the attention of the Travel Program Administrator in the Office of Finance, 2005D Rollins Hall.**

**Travel Program Administrator**

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**Backup Program Administrator**

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**Backup Program Administrator**

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