

**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	
Home Phone	
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 ACKNOWLEDGEMENT	
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 Annual Employee Agreement to the attention of the Travel Program Administrator in the Office of Finance, 2005D Rollins Hall.

Travel Program Administrator	Backup Program Administrator
Melissa Snowden	Monique Johnson-Dowe
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