



Date: _____

Grambling State University
Division of Finance and Administration
Corporate Travel Cardholder Enrollment Form

Note: Section I of this form is to be completed by the Cardholder and approved by the Cardholder's Approver. Please submit this form and the completed Cardholder Agreement Form to the Controller's Office in Long-Jones Hall, Room 263.

Section I: To be completed by the Cardholder and signed by the Cardholder's Approver (Supervisor):

	NEW	
	CHANGE – Cardholder Account # (Last four digits only)	
	ANNUAL UPDATE – Cardholder Account # (Last four digits only)	

Cardholder Name: _____

Cardholder Job Title: _____

Campus Address:
(GSU Box) _____

Campus Extension: _____

Mobile Phone: _____

Campus Email: _____

Cardholder Signature: _____

Cardholder Approver Signature: _____

Section II: To be completed by the Program Administrator (Controller's Office):

Overall Card Limit: _____

Single Transaction Limit: _____

Verification Code: _____

Processed By: _____ Date: _____

Section III: To be completed by the Program Administrator and Cardholder when card is picked up:

Verified Certification: _____ Date: _____

Cardholder Signature: _____ Date: _____

Replacement Card

Cardholder Signature: _____ Date: _____