



THE UNIVERSITY OF TENNESSEE
Group Travel Procurement Card Application
 Cardholder Information (please type)
 Complete and forward to Campus/Unit Coordinator
Must be received in Treasurer's Office 30 days prior to travel date.

Name _____ Date _____

Campus Address _____ Personnel # _____

_____ Date of Birth _____

_____ Telephone # _____

Name of Student Group: _____ Email _____

Beginning Date of Travel: _____ Ending Date of Travel: _____

(If there will be recurring travel on the card, use the end date of 12/31/9999)

Note the card will be de-activated after the end date of the trip or the end of the season. To reactivate the card, contact your campus/institute business office.

UT Cost Center/WBS Responsible for Procurement Card Charges:

_____	_____
Cost Center/WBS Element Name	Cost Center/WBS Element Number

Approver Name: _____ Verifier Name: _____

Approver Email: _____ Verifier Email: _____

As a cardholder, I agree to follow the policies of The University of Tennessee Group Travel Card Program. **This card may NOT be used for individual travel or personal expenses. Purchases with this card are subject to both Travel and Procurement Card policies. Misuse or violations of these rules will result in immediate suspension of this card and possible disciplinary action, including termination.** By signing below I agree to provide receipts for all purchases within 30 days from the end of my trip(s) to the appropriate University officials. If I do not do this, I authorize the University to withhold the amount of my unsubstantiated and/or personal purchases from my pay.

_____ Signature _____ Date _____

I confirm that the individual listed above is authorized to receive a University of Tennessee Group Travel Card.

_____ Department Head Signature _____ Phone # _____ Date _____

_____ Campus/Institute Chief Business Officer or Designee

TREASURER'S OFFICE USE ONLY

Default Cost Center/WBS Element:

/

SPL

CL

Card Number _____

Issue Date _____

Comments _____