

## TRAVEL/ENTERTAINMENT CREDIT CARD AUTHORIZATION FORM

Date:	
Employee Name:	
Date(s) of Trip/Entertainment:	
Date of Return:	
Location:	
Business Purpose:	
General Ledger Acct. No.:	
Estimated Amount:	
Individual(s) Included:	
	Director/Dean of Department
	VP of Division
	VP Administration & Finance Signature
<ul> <li>All signatures are required before Credit Card can be checked out</li> <li>No personal charges allowed</li> <li>Itemized receipt(s) and card due back upon returning from event</li> <li>Typically the University will only reimburse cost of a meal for travel which requires an overnight stay</li> <li>Snacks &amp; refreshments are not an allowed reimbursable University travel expense except as a substitute for a daily meal</li> </ul>	

Internal use only

**Card Number:** 

Type of Card: