



CORPORATE CARD APPLICATION

EMPLOYEE APPLICANT INFORMATION

Please print or type:

First Name	Middle Initial	Last Name
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Social Security Number		Date of Birth
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home Phone		Business Phone

Home Address - Street	City	State	Zip Code
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Date of Employment	Department
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Business Unit	Account	Fund	Department ID	Project	Activity Period	Function	Flexfield
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CARDHOLDER AGREEMENT

1. I understand that use of my US Bank Corporate Card is limited to my own authorized University business travel-related expenses only and that personal expenditures will not be allowed on the card.
2. I understand and acknowledge that I am responsible and liable for all expenses charged to the card and that payment of the full balance is due upon receipt of each monthly statement. I have the option of requesting payment directly to US Bank through MyExpense, UCSF's online employee expense reimbursement system.
3. I understand that the University will not reimburse or pay late fee charges incurred in connection with the corporate card.
4. I understand that if I fail to pay US Bank for all undisputed charges, either directly or through MyExpense, the card will be permanently cancelled, and non-payment will adversely affect my personal credit rating.
5. I agree to surrender the card and discontinue use upon request or upon separation from the department or termination of employment for any reason.

By my signature below, I acknowledge having read this agreement, understand it, and agree to be bound by its terms and conditions.

Employee Applicant Signature	Date
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APPROVAL

1. I understand that the corporate card is valid only while the applicant is employed by the University, and must be relinquished upon termination of employment, or separation from the department.
2. I understand that the department is responsible for incurring the expenses from the card in the event the cardholder does not pay their balance. I authorize the Controller's Office to charge the Chartstring specified above when the balance is delinquent (approximately 60 days after the statement end date).
3. I understand that if the applicant has not been employed for more than 6 months, I must submit a justification attached to this form which will be subject to additional approval by the Assistant Controller of Disbursements.

By my signature below, I acknowledge having read this agreement, understand it, and agree to be bound by its terms and conditions.

MSO or Department Head Signature	Print Name and Title	Date
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Submit this application to:
UCSF Controller's Office, Corporate/P-Card Administrator, Accounts Payable, Box 0812
Email: COSolutionCenter@ucsf.edu Fax: (415)920-2503 Phone: CO Solution Center @ (415)476-2126

For Accounting Use Only:
Received Date: _____ Process Date: _____ Processed By: _____