

Travel Card Application & Agreement



Applicant's Details				
Cardholder's Full Name	Title	First Name	Middle Names	Family Name
	Staff Number	Date of Birth		
Work Phone No	Mobile Phone Number			
Email Address				
Mailing Address for card				
Employment Status	<input type="checkbox"/> Academic <input type="checkbox"/> General Staff - <input type="checkbox"/> Permanent <input type="checkbox"/> Contract [expiry date ___/___/___]			
Position Title				
Sch/Div/Dept/Centre				
Business Unit Name				

Nominated Default Ledger Code			
Fund	Organisation	Account	Program

Security Code
Word to be used as identification with ANZ

Note: No card will be issued until default ledger codes are provided

I understand and agree that:

- I will not use my Travel Card, nor permit it to be used for any expenditure other than for official purposes;
- I am required to take strict care of my CSU Travel Card and if lost or stolen I will report it immediately to the ANZ Bank (phone 1800 033 844) **and** travelcard@csu.edu.au.
- I will ensure that my card, its serial number and Personal Identification Number (PIN) are properly safeguarded and I will not allow any other person to use my CSU Travel Card for any reason.
- I will not use my Travel Card for private purchases or payment of private accounts.
- I will ensure that all respective **tax invoices/receipts** and supporting documentation are sent to domtravel@csu.edu.au in a timely manner to allow for the reconciliation of the transactions.
- Funds for repayments/credits are not to be made directly to the credit card account at any bank.
- I will advise the Travel Card Administrators of any disputed transactions on my card.
- In the event that I no longer require a Travel Card, or am leaving the employment of the University, I will return the Travel Card to the Travel Card Administrator in the Division of Finance, Wagga Wagga. All transactions must be reconciled prior to departure and supporting documentation must be scanned and attached.
- Failure to comply with the abovementioned requirements may result in the card being suspended or withdrawn.**

Applicant's acknowledgement

I acknowledge that I have read and understood these requirements, including the Corporate Credit Card Policy, and that I will comply with the conditions set out above.	Signature	
	Date	

Authorisation by applicable VC/DVC/Exec Dean/Head of School/Exec Director/Director or equivalent

I hereby authorise the abovementioned applicant to be issued with a CSU Corporate Visa Card subject to the above conditions. If the applicant is a HDR student or non-permanent member of staff, I also agree to notify the Card Administration Team when the applicant's connection with the University has concluded.	Signature	
	Date	