

Applicant's Details				
Cardholder's Full Name (as per identification)				
	Title	First Name	Middle Names	Family Name
Staff Number			Date of Birth	
Mobile Phone Number			Email Address	
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 Account Codes			
Fund	Organisation	Account	Program



I understand and agree that:

- I have read and understand the [CSU Corporate Credit Card Policy](#),
- I will not use my Travel Card, nor permit it to be used for any expenditure other than for official purposes,
- If my card is lost or stolen I will report it immediately to the CBA Bank (1800 020 306) **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 within 30 days of the transaction date to allow for the reconciliation of the expenses,
- I will advise the Travel Card Administrator of any items which should be disputed on my corporate 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 provided.
- **Failure to comply with the abovementioned requirements may result in the card being suspended or withdrawn.**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 the above 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 Card subject to the above conditions.	Signature	
	Date	