



UNIVERSITY OF WASHINGTON  
**TRAVEL CARD APPLICATION**  
 US01745

Travel Office  
 Box 351117  
 206-543-5858

**CARD DATA**

**Card Data to be completed ONLINE by card applicant. Hand-written entries will not be accepted.**

Enter name as you want it on your card. Maximum 19 characters including spaces or entire name.

|            |                |           |                      |                      |
|------------|----------------|-----------|----------------------|----------------------|
| First Name | Middle Initial | Last Name | Mother's Maiden Name | Birth Date (mm/yyyy) |
|------------|----------------|-----------|----------------------|----------------------|

|                                     |                         |
|-------------------------------------|-------------------------|
| Billing Address (can be home or UW) | Social Security Number* |
| City State ZIP Code                 | — —                     |

\*Social Security Number is required by J.P. Morgan Chase.

|                |                    |           |                        |
|----------------|--------------------|-----------|------------------------|
| Business Phone | UW Employee ID No. | UW NET ID | Complete Email Address |
| — —            | — —                |           |                        |

**TRAVEL CARD CONDITIONS**

**I accept the Individual UW Travel Card under the following conditions:**

- The Travel Card must be used only for University of Washington business related and travel expenses as described in card policies <http://www.washington.edu/admin/finserv/travel/travelcardpolicy.html>.
- The card is NOT to be used for personal charges.
- The individual cardholder is personally liable for paying all charges on the card.
- Monthly statement charges are due in full by the next billing statement.
- All reimbursement money must be used to pay for charges in full.
- Upon closing of the account for any reason the card must be returned to the Travel Card Administrator, Box 351117, and the balance on the account paid in full immediately.

**By using this card I do so with the understandings and under the conditions described above and as set forth in the full University of Washington Travel Card Policy at <http://www.washington.edu/admin/finserv/travel/travelcardpolicy.html>.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL**

***Department administrator approval is required.***

Department Administrator (print name) \_\_\_\_\_

Department Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR TRAVEL OFFICE USE ONLY**

UW Travel Card Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed form to: UW Travel Office Box 351117 or FAX to: 206-685-3865.**