



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"/>	0 2 <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	Employee ID 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"/> <input type="text"/> <input type="text"/>	Business Phone
Home Phone		

Home Address - Street

City State Zip Code

Date of Employment Department Name Fund DPA

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.
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, 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

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 fund/dpa 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

Submit this application to:

UCSF Controller's Office, Corporate/P-Card Administrator, Accounts Payable, Box 0812
Email: creditcard@ucsf.edu Fax: (415)920-2503 Phone: AP Customer Center @ (415)476-2126

For Accounting Use Only:

Received Date: _____ Process Date: _____ Processed By: _____