



**Controller's Office  
Travel Card Request Form - Department**

**ELIGIBILITY REQUIREMENTS:**

- ▶ All expenses must be related to travel (flights, registration and memberships **only**)
- ▶ Applicant must be a USC employee
- ▶ Department Head approval
- ▶ Training Session Attendance
- ▶ Signature on Cardholder Agreement (upon issuance of card)

In order to process your application, you must complete the entire form. We cannot process your request unless ALL information has been provided. Please email completed form to: TrvCard@mailbox.sc.edu

SECTION I. CARDHOLDER INFORMATION	
LEGAL FIRST AND LAST NAME REQUIRED	
LAST NAME	CAMPUS
FIRST NAME	DEPARTMENT NAME
CELL PHONE	DEPARTMENT ADDRESS
OFFICE PHONE	
EMAIL	CARDHOLDER LIAISON(S) - NAME & USC ID
USC ID	

SECTION II. CHARTFIELDS			
OPERATING UNIT	DEPARTMENT	FUND	CLASS

As cardholder, I will always treat the University of South Carolina Travel Card with at least the same level of care as personal credit cards. The card will be maintained in a secure location and the card account number will be carefully guarded. I will be the only person entitled to use the card. I fully understand the intent of this program and will comply with all guidelines on the Travel Card Program as well as University of South Carolina policies and procedures related to the expenditure of University funds.

**CARDHOLDER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

SECTION III.	Please select one Spend Profile below - This requires DEPARTMENT HEAD APPROVAL
	1. \$3K Single Transaction Limit - \$20K Limit/Month
	2. \$4K Single Transaction Limit - \$30K Limit/Month
	3. \$5K Single Transaction Limit - \$50K Limit/Month

I hereby delegate transaction authority to the above cardholder and agree that the department liaison responsible for the associated department will be responsible for reviewing transactions of the cardholder to ensure the appropriate use and classification for University expenditures. I understand that final approval of Travel Card expense reports is the responsibility of the department head.

**DEPARTMENT HEAD PRINTED NAME** \_\_\_\_\_  
**DEPARTMENT HEAD SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Controller's Office Use Only:**

Card Ordered By: <input style="width: 90%;" type="text"/>	Card Order Date: <input style="width: 90%;" type="text"/>
Mailed to Liaison: <input style="width: 90%;" type="text"/>	Spend Profile Assigned: <input style="width: 90%;" type="text"/>