



Travel Accounting
 319 Showalter Hall
 Cheney, WA 99004-2445

Corporate Travel Card Application & Use Agreement

EMPLOYEE INFORMATION

First Name	Middle Initial	Last Name
Business Address		
City	State	Zip
Home Address		
City	State	Zip
Home Phone	Business Phone	
Statement Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business		Date of Birth (month/year):
Mother's Maiden Name	Social Security Number	

AGENCY INFORMATION

Eastern Washington University		
Agency Name		
319 Showalter		
Agency Address		
Cheney	WA	99004-2445
City	State	Zip
Monthly Credit Limit	Single Transaction Limit	Cash Amount
Department/Cost Center	Second Line of Embossing	

EMPLOYEE SIGNATURE/APPROVAL SIGNATURE

I have read and agree to the conditions of use policy (<http://access.ewu.edu/Travel/Corporate-Travel-Card.xml>).

Signature of Applicant / Date	Signature of Supervisor / Date
Signature of Program Administrator / Date (for Travel Accounting use only)	