

RU TRAVEL CARD ENROLLMENT FORM

INSTRUCTIONS: Complete both sides of this form and obtain the appropriate approval signature. Return both the Enrollment Form and Cardholder Application to the University Card Administrator, ASB III, 2nd Floor, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559, Cook Campus; 732/932-4375 x2311.

Please print or type.

Name on the card _____
First Name Middle Initial Last Name

Campus Mailing Address
(Bldg. Name and Room #) _____

Street Address, if Available _____

City, State, and Zip Code _____

Campus Phone Number _____

Employee Category _____ Faculty _____ Staff

Employee Status _____ Full Time _____ 10 month

Type of Billing: **Individual Liability**

RESPONSIBILITY SIGNATURES

Applicant Signature: _____ Phone # _____

Dean/Director Signature: _____ Phone # _____

U. Card Administrator: _____ Phone # _____

FOR UTS USE ONLY

Card #: _____

Expiration: _____ Issue Date: _____

I agree to:

- accept personal responsibility for all charges made on the RU Travel Card;
- be billed monthly for all charges made to the RU Travel Card and be personally responsible for paying all charges;
- the potential suspension or cancellation of RU Travel Card privileges in the event of delinquent payment history;
- complete a Travel and Business Expense Report (TABER) form for reimbursement in a timely manner. All original documents/receipts must be attached, and the business purpose of the expense must be properly described on the form;
- submit only business-related expenses for reimbursement;
- pay any applicable late charges as a result of delinquent payment and understand that Rutgers will not pay late charges on the RU Travel Card;
- return the card to the Card Issuer upon termination, suspension, or extended personal leave of absence from the university or upon request from the university.

Requestor's Signature

Date