



**SOUTHERN UNIVERSITY SYSTEM**  
**STATE LIABILITY TRAVEL CARD/CBA PROGRAM**

**CARDHOLDER ENROLLMENT & ANNUAL REVIEW FORM**

SOUTHERN UNIVERSITY: \_\_\_\_\_  
*(PRINT NAME OF CAMPUS OR AGENCY ABOVE)*

- NEW or REACTIVATION # \_\_\_\_\_ (last 4 digits only)  
 CHANGE – CARDHOLDER ACCOUNT # \_\_\_\_\_ (last 4 digits only)  
 DELETE - CARDHOLDER ACCOUNT # \_\_\_\_\_ (last 4 digits only)  
 ANNUAL REVIEW DATE: \_\_\_\_\_ Fill out, but check box if no changes:

**SECTION I: TO BE COMPLETED BY CARDHOLDER:**

Cardholder Name:	
Job Title/Role:	
Department/Section:	
Employee ID #:	
State Employee #:	
Campus Statement Billing Address:	
City, State, & Zip:	
Campus Phone #:	
Campus E-mail Address:	

Reason(s) & Frequency of Travel:

\_\_\_\_\_

\_\_\_\_\_

Will you be doing group travel, i.e. with students?  Yes  No

Cardholder Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY PROGRAM ADMINISTRATOR AT YOUR  
SU AGENCY ONLY:**

Overall Card Limit	\$
Single Transaction Limit (Max \$5000)	\$
Spending Limit Per Cycle	\$

APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_  
Program Administrator

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**SECTION III: APPROVER FOR THE ABOVE CARDHOLDER / CBA ACCOUNT**

Approver/Reviewer: Supervisor or individual within the University who is responsible for verifying that all charges against the cardholder's account are authorized and supported by adequate documentation.)

**I approve the above named individual for a State Travel Card or CBA**

\_\_\_\_\_  
**Printed Name of Approver**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SECTION IV: TO BE COMPLETED BY AGENCY HEAD OR DESIGNEE**

**APPROVED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_