1505.1.1F – Travel & Expense Card Application

Instructions for completing the Travel & Expense Card Application

The Travel & Expense Card (T&E Card) application is located on Page 3, must be completed in full and sent electronically to your Access Request Coordinator (ARC) for submission to the Travel Card Office. To avoid delay, please note the following:

- The Accountholder must be a permanent employee of the University and at least 21 years of age or older
- Signatures are required for both the Accountholder and the Business Manager/Department Head. T&E Card Applications received without the required signatures will not be processed.

Once the application has been reviewed by the Travel Card Manager and the card is received from the bank, the Travel Card Office will contact the Accountholder with information for completing mandatory training for new T&E Card recipients. Training is computer-based and focuses on UNC established T&E Card policies and procedures. At the end of training, the Accountholder will be prompted to take a short quiz. They must demonstrate a thorough understanding by scoring 85% or better; no exceptions allowed. Once the Travel Card Office receives notification of successful completion, they will contact the Accountholder to arrange a convenient time to pick-up their new UNC-Chapel Hill T&E Card.

Travel Card Office
Administrative Office Building
104 Airport Drive, Suite 3500
Chapel Hill, NC 27599

For assistance completing these forms, please contact the Travel Card Office at 919-962-6716 or TravelCard@unc.edu
Instructions for completing the Bank of America Visa
Travel & Expense Card Enrollment Form

Account holder Information

1. **Name on Card:** Cannot exceed 21 characters.
2. **Billing Address:** Enter CB number for Address Line 1 and UNC business mailing address for Address Line 2.
3. **Business Phone:** Enter contact number for the Account holder
4. **Business Email Address:** Provide e-mail address of the Account holder
5. **PID# & ONYEN (REQUIRED):** If you do not have a PID you cannot obtain a UNC T&E Card.
6. **Monthly Credit Limit:** Available limits are $5,000, $15,000, and $25,000 (temporary increases may be requested for periods of increased travel and/or leading group travel).
7. **Single Transaction Limit:** will be the same as the chosen Monthly Credit Limit
8. **Sign and Date, accepting responsibility for T&E Card use and attesting that you are at least 21 years of age or older.**

Business Manager/Department Head

1. Fill in the **Name, ONYEN, Department, Department No., Business Email, and Business Phone**, of the individual responsible for approving the Account holder's transactions in Concur Expense.
2. **Business Manager/Department Head:** Must be signed by managing personnel with departmental signing authority. Please confirm that this matches the information for Concur Expense approvals maintained in Connect Carolina.
## Bank of America Visa – Travel & Expense Card Enrollment Form

### Institution Name: UNC-Chapel Hill

<table>
<thead>
<tr>
<th>ACCOUNTHOLDER INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Card:</td>
<td>(21 Characters)</td>
</tr>
<tr>
<td>(Accountholder)</td>
<td></td>
</tr>
<tr>
<td>Billing Address Line 1:</td>
<td>Campus Box #:</td>
</tr>
<tr>
<td>Billing Address Line 2:</td>
<td>UNC Building:</td>
</tr>
<tr>
<td>Billing City:</td>
<td>Billing State:</td>
</tr>
<tr>
<td></td>
<td>Billing Zip:</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>(919)</td>
</tr>
<tr>
<td>Bus. Email Address:</td>
<td></td>
</tr>
<tr>
<td>PID #:</td>
<td>ONYEN:</td>
</tr>
<tr>
<td>Monthly Credit Limit:</td>
<td>$ 5,000</td>
</tr>
<tr>
<td>Single Transaction Limit:</td>
<td>$ 5,000</td>
</tr>
</tbody>
</table>

I agree to use this card for approved purchases only. I further understand that I may be personally liable for any funds misused with this card. In signing below, I attest that I am a permanent employee and at least 21 years of age or older as of the date indicated.

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**Accountholder Signature**

**Date**

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### DEPARTMENT APPROVER FOR THIS ACCOUNT

Name: ____________________________ ONYEN: ____________________________

Department: ____________________________ No.: ____________________________

Bus. Email Address: ____________________________ Bus. Phone: (919) ____________________________

Business Mgr/Department Head: ____________________________

(Signature)

Print Name: ____________________________ Date: ____________________________