SWTX Travel P-card Application

Applicant Information

Applicant Name (as it appears on your Drivers' License):

_____
First   MI   Last

Colleague ID#   _____

Division/Department
Name and default
Glacct (ex:
Purchasing 12-
500051-5112-01:
_____
Department Name   Glacct #

By signing below, I attest to reading and understanding the Travel and Travel P-card policies.

_____
Applicant Signature   Date

_____
Supervisor/Division Chair Signature   Date

_____
Assoc VP Signature   Date

_____
VP Signature   Date

PLEASE RETURN FORM TO P-CARD ADMINISTRATOR IN THE BUSINESS OFFICE