



Travel Card (T-Card) Maintenance Form

INSTRUCTIONS: This form is to be used to report the following changes regarding the Cardholder: Legal name change or transfer to another department, resulting in change in. Once completed and approved, please forward to the University's T-Card Administrator at travel@uncfsu.edu.

Cardholder Information:

Full Name: _____
Banner ID: _____
Email: _____
Department: _____
Division: _____

Change Request:

Name Change Old Name: _____ New Name: _____

Department Change (Complete Supervisor Section below)

Previous Department: _____ New Department: _____

New Direct Supervisor Information – if applicable (Approver):

Full Name: _____
Banner ID: _____
Email: _____
Department and Division: _____

- I understand as an approver, it is my responsibility to review all supporting documentation provided for each purchase and approve that each purchase has been made pursuant to University Policy 209 -Travel Card and applicable state law.

Supervisor's Signature: _____ Date: _____

Signatures:

Cardholder		Date:	
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Approvers (only if change in Department/Supervisor):

Dean, if applicable		Date	
Provost or Division VC		Date	
Chief Procurement Officer		Date	



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T-Card Administrator:			
Information Updated		Date Completed	
New Card Ordered if applicable		Date Completed	
Cardholder Signature at Pickup:		Date:	