

2019

# Request and Authorization for PPP Travel Credit Card Form



TODAY'S DATE

- New Card Request
- Change Request

## Cardholder Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	BUSINESS PHONE
DEPARTMENT NAME		EMAIL ADDRESS	

## Type of Traveler/Requested Limits

- Infrequent Traveler or Travel Arrangers(Max \$3,000 per transaction/Max \$3,000 per month)
- LLC Members or Frequent Traveler (Max \$5,000 per transaction/Max \$5,000 per month)
- Limit Change

BUSINESS PURPOSE (REQUIRED FOR SPENDING LIMIT CHANGE)

## Cardholder Signature and Consent

By signing below I confirm that I have reviewed and agree to comply with the terms and conditions of the PPPL Travel Card Manual and the PPPL Travel Manual, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance. I also agree that:

1. I am responsible for all charges to my card and am responsible for substantiating and reconciling all transactions in a timely manner.
2. I will secure the physical PPPL Travel Credit Card as well as the credit card number and not share the card, card number, or PIN for use by other individuals to conduct transactions.
3. I will make every effort to avoid incurring sales tax in those states that have granted Princeton University tax exemption.
4. I will not use my card to pay for any travel expenses for other PPPL employees.
5. Improper use of the PPPL Travel Credit Card may result in disciplinary action up to and including termination of employment. Should I fail to use the Travel Card properly, I authorize PPPL to deduct from my salary an amount equal to the total of any discrepancy on the card described above.
6. PPPL may terminate my right to use this card at any time for any reason. I agree to return the card to PPPL immediately upon request or upon termination of employment.

CARDHOLDER SIGNATURE	JOB TITLE	DATE
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## Departmental Authorization

By signing below I confirm that I have reviewed and agree to monitor proper use of the PPPL Travel Credit Card, comply with PPPL Travel Card Manual and PPPL Travel Manual, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance.

DEPARTMENT HEAD (PRINT NAME)	DATE	DEPARTMENT HEAD SIGNATURE
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## Accounting & Financial Controls Division Review and Approval for Limit Change Requests

TRAVEL OFFICE (PRINT NAME)	DATE	TRAVEL OFFICE SIGNATURE
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► Please send the signed form to the PPPL Travel Office - [travel@pppl.gov](mailto:travel@pppl.gov)