



TRAVEL AND EXPENSE (T&E) CARD PROGRAM

Cardholder Name: _____ Department/Faculty: _____
Position: _____ Date: _____

- 1) Required for travel related costs over \$25,000 in monthly spend;
2) Required for approval of Business/First class Travel;
3) This form must be approved by an Authorized Approver prior to any payment.

TRAVEL INFORMATION

Departure Date (mm/dd/yyyy): _____ Return Date (mm/dd/yyyy): _____

Destination: _____

REQUEST INFORMATION

Provide a detailed explanation of the pre-approved expense. All of the required fields are mandatory, and must be completed for approval.

| # | Supplier Name | Expense Type | Estimated Cost (\$) | Anticipated Transaction Date | Justification for Expense |
|----------------|---------------|--------------|---------------------|------------------------------|---------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Total Cost: \$ | | | | | |

SIGNING AUTHORITY

Cardholder:

Signature Date

Authorized Approver

Name (Print) Position Signature Date

GUIDELINES

Expense Type:

May include air travel, accommodation, meals, and other travel expenses. Refer to Travel and Expense Card Program Handbook for more information.

Justification for Expense:

Explain the purpose and necessity for the expense, its added value, and how it applies to your role.