

Marshall University



Team Travel Account Application

Team Name: _____
(This info will appear on the card and is limited to 21 characters)

Applicant Name: _____ Phone: _____

Mothers Maiden Name: _____

Assigned Contact Person: _____ Phone: _____

University Billing Address: _____

Orgn _____

Fund _____

The individual's name appearing on this application is the **only** person authorized to make charges to this account.

- 1. Complete all of the information on this form and sign the application.
- 2. Dean/Director/Designee must sign this application.

Applicants Signature: _____ Date: _____

Dean/Director/Designee Signature: _____ Date: _____

Submit application to Accounts Payable - OM203

MU Travel Coordinators Signature: _____ Date: _____

Credit Limit Requested: _____

ATM/Cash Advance Limit: _____

Restrictions: Daily _____ Monthly _____
AMT or % AMT or %

Agency/Department ID: _____

