

**ARKANSAS TECH UNIVERSITY  
TRAVEL CARD AUTHORIZATION**

TO: Budget Office  
Bryan Hall, Room 208

RE: Travel Card Applicant \_\_\_\_\_  
Department \_\_\_\_\_  
Title \_\_\_\_\_

The above named individual, a current, full-time employee of Arkansas Tech University, is subject to having reimbursable travel expenses as a normal part of performing his/her official University duties and meets the following criteria:

1. Spends more than \$250.00 per year on travel, or
2. Travels within the State twice per year, or
3. Travels out of State once per year.

These criteria are minimum and must be met annually.

The undersigned believe that the above named employee would benefit from obtaining an individual Visa Commercial Credit Card/Travel Card.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor, AVTI of ATU

\_\_\_\_\_  
Date

1. Vice President: After completing this form, please return it to the Applicant.
2. Applicant: Please attach your completed "Individual Account Application - BTC" to the back of this authorization and forward them to the Budget Office, Bryan Hall, Room 208.

|  |                     |
|--|---------------------|
| <b>Budget Office Use Only</b>                  |                     |
| <b>Application Accepted</b> _____              | <b>Denied</b> _____ |
| <b>Note</b> _____                              |                     |
| <b>Travel Card Coordinator Signature</b> _____ |                     |