

ODJ Corporate Travel Card Application

Individual Liability Charge Card

EMPLOYEE INFORMATION

Employee Name _____
 Department _____
 Email Address _____

Date of Birth _____
 Home Address, City, State and ZIP Code _____
 Business Phone _____
 Home Phone _____

CREDIT LIMIT REQUIRED

\$1,000 – Light Traveler
 \$1,500 – Moderate Traveler
 \$2,500 – Frequent Traveler
 \$5,000 – Constant Traveler

EMPLOYEE ACKNOWLEDGEMENT

Date _____ Employee Signature _____
 Date Application Received _____
 Date Application Keved _____

THIS SECTION FOR OFFICE OF FINANCE USE ONLY

ate Travel Card Annual Employee Agreement to the attention Submit this application with the Corpo

Backup Program

Backup Program Administrator: _____
 Malissa Seayden _____ Monique Johnson-Dowe _____
 (757) 683-5020 (757) 683-5020 (757) 683-5020