



CSN Travel Card Application Instructions and Information:

- Complete the first section of the CSN Corporate Travel Card Authorization Form.
- Forward the form to your supervisor asking him/her to approve the form and send it on to the divisional Vice President for approval.
- Complete the Travel Programs – Individual Corporate Card Application (Page 3).
- When the approved authorization form is returned to you by the Vice President, attach it to the application and submit both to Financial Services at CYF110.
- Financial Services will be responsible for submitting your Travel Card Application to J.P. Morgan.
- If approved by J.P. Morgan, you will receive your card in the mail, at the address you indicated on your application.
- Once you have received your card, you can obtain online access for viewing individual transactions, your statement, etc., by contacting the Financial Services Department at 702-651-4350. They will provide you a unique Username, temporary login and assistance in logging into the J.P Morgan website.

This Travel Card is a **personal liability card** and the cardholder is responsible for making **all** payments to the J.P Morgan credit card company, for all charges, late fees, interest, etc. The card can impact a cardholder's credit and reflect on their personal credit.

It is the cardholder's responsibility to have submitted Travel Claims in a timely manner in order to have funds available to make their payments.

Travel cards are only issued to employees who travel as part of their job. It is important to remember that the Card may only be used for expenses that are authorized by the CSN Travel Policy while you are in business travel status. Failure to comply with the Policy and this Agreement may result in termination of the Card and disciplinary action up to and including termination.

CSN Corporate Travel Card Authorization Form

The employee listed below is requesting permission to obtain a JPMorgan Chase (JPMC) Corporate Travel Card.

The Corporate Travel Card is limited to use for College-related business travel only and must be used in compliance with the CSN Travel Policy.

Please approve this request only if this employee has travel in association with his/her position. Cards are issued at the discretion of JPMC.

➤ **I am requesting permission to obtain a JPMorgan Chase Corporate Travel Card.**

Employee Name (Print)

Signature

Date

Sort Code

Extension

➤ **Supervisor Approval:**

Supervisor's Name (Print)

Signature

Date

➤ **Vice President's Approval:**

Vice President's Name (Print)

Signature

Date

RETURN TO REQUESTER FOR ATTACHMENT TO APPLICATION

EMPLOYEE / APPROVAL SIGNATURE

The JPMorgan Chase Individual Liability Travel Card (the "Card") is available only to authorized employees of the College of Southern Nevada (CSN). I agree to the following with respect to my acceptance and use of the Card:

- 1) I will use the Card only for expenses that are authorized by the CSN Travel Policy. Failure to comply with the Policy and this Agreement may result in termination of the Card and disciplinary action up to and including termination.
- 2) Although the Card is issued in my name, CSN will have access to my Card account information and may receive reports from time to time with respect to my use of the Card.
- 3) I understand that CSN will reimburse me for all authorized travel expenses charged to the Card when I submit my completed and approved Travel Claim form after travel is completed. I also understand that I am responsible for the direct payment in full of any Card balances within 30 days from each Card statement date. I will be responsible for any late fees and interest charged as a result of my failure to pay such balances by the due date.
- 4) In the event of the cancellation of the Card for any reason, I will immediately return the Card to Financial Services at Sort Code CYF110 and, within 30 days of such cancellation, pay the full amount of any remaining Card balance to JPMorgan Chase.
- 5) In the event of the termination of my employment, my Card will be cancelled and I will immediately surrender my Card to CSN Financial Services and pay any Card balance. To the extent such balance is not paid, I authorize and direct CSN to withhold from my final payroll check, and from any expense reimbursement to which I am entitled, the amount of such balance. I will be responsible for the payment in full within 30 days of such termination of any final Card balance remaining after such withheld amounts are applied by CSN toward the satisfaction of the Card balance.

I authorize and direct the release by CSN to JPMorgan Chase of my home address, phone number and employee ID number for the sole purpose of processing this Individual Liability Travel Card Application and Agreement.

I understand that JPMC will provide a complete Corporate Cardholder Agreement to me when the Card is issued and that my use of the Card is also subject to that agreement. Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, mother's maiden name (or password) and tax identification number for this purpose.

Signature of Applicant / Date

Signature of Approver / Date
(Financial Services Approval)