



Western Carolina University  
Travel Card Application

**Cardholder Information**

<b>Name (print):</b>	
<b>Signature:</b>	
<b>Department/Office Name:</b>	
<b>Email Address:</b>	
<b>Phone#:</b>	
<b>92#:</b>	

<b>Division:</b>
<b>School (if applicable) (or other):</b>

**Approving Supervisor**

<b>Name (print):</b>	<b>Signature:</b>
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*\*Cardholder makes ALL purchases with his or her T-Card. The T-Card must be used ONLY by the named cardholder. No departmental card, NO SHARING.*

*\*Approving Supervisor approves all charges made by cardholder in Chrome River.*

**NOTE: Cardholders must be full-time, permanent employees of WCU (exceptions can be made, please call T-Card administrator for details).**