

UNIVERSITY OF ALASKA DEPARTMENTAL TRAVEL ACCOUNT FORM

New
 Change (Complete the fields to be changed)
 Delete/Close

Cardholder Information

Cardholder Name (24 Characters) _____	Social Security Number _____
Name Line 2 (24 Characters) _____ UA Department Travel	Date of Birth (MM/DD/YYYY) _____
Department Name (35 Characters) _____	Mother's Maiden Name _____
Department Address (35 Characters) _____	
City (23 Characters) _____ State _____ Zip Code _____	
Cardholder Email _____	Work Phone _____
DEFAULT ACCOUNT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fund	Org
Account	
Reconciler's Name _____	E-mail _____

DEPARTMENTAL CARDHOLDER APPROVALS

Department Approving Official:

Name _____ Signature _____ Date _____
 (Please Print)

Form Prepared By:

Name _____ Signature: _____ Date: _____
 (Please Print)

CARDHOLDER CONTROLS

Monthly Credit Limit _____ (Required)	Single Purchase Limit _____ (Required)
Authorizations per Day _____ (Optional)	Transactions Per Cycle _____ (Optional)

DO NOT WRITE BELOW THIS POINT

MCC Group (Merchant Category Code Group) _____ Include / Exclude (circle one)

REPORTING HEIRARCHY LEVELS (REQUIRED INFORMATION)

Reporting	Level 2 (MAU)	Level 3 D-Level Org from FTIORGH
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CARDHOLDER APPROVALS

MAU Card Issuance Approval

Name _____ Signature _____ Date _____
 (Please Print)

Card Ordered _____ Signature _____ Date _____