

**UNIVERSITY OF ALASKA
INDIVIDUAL BILL TRAVEL ACCOUNT FORM**

Clear Fields

New

Change (Complete the fields to be changed.)

Delete/Close

CARDHOLDER INFORMATION

Cardholder Name _____ Social Security # _____
(24 Characters)

Name Line 2 _____ Date of Birth _____
(24 Characters) University of Alaska _____
MM/DD/YYYY

Mothers Maiden Name _____

Department Name _____

Billing Street Address Line 1 _____ E-mail Address _____
(35 Characters)

Billing Street Address Line 2 _____ Work Phone (area code and number) _____
(35 Characters)

Billing City _____ State AK Zip Code _____
(23 Characters)

Cardholder _____ Signature _____ Date _____
(Please Print) MM/DD/YYYY

DEPARTMENTAL CARDHOLDER APPROVALS

Department Approving Official _____ Signature _____ Date _____
(Please Print)

Reconciler's Name _____ E-mail Address _____

CARDHOLDER CONTROLS

Monthly Credit Limit _____ Single Purchase Limit _____
(Required) (Required)

Authorizations per Day _____ Transactions Per Cycle _____
(Optional) (Optional)

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
-----------	---------------	----------------------------------

CARDHOLDER APPROVALS

MAU Card Issuance Approval:
(Please Print) _____ Signature: _____ Date: _____

Card Ordered _____ Signature: _____ Date: _____