



REQUEST TYPE / TYPE DE DEMANDE

Please check one / Cocher un SVP

- Issue Plastic / Emettre une carte
- Do Not Issue Plastics / Ne pas emettre de carte

Please check one / Cocher un SVP

- English / Anglais
- Francais / French

Account Number (For Bank Use Only)
Numero de compte (Reserve à la Banque)

4 7 1 5 3 6

Additional Comments / Instructions / Notes / directives additionnelles

Iloan (for Bank Use Only / Reserve a la Banque)

0 0 0 0 0 0

Complete ALL information fields below unless indicated otherwise.
Fournir TOUS les renseignements demandés ci-dessous, sauf indication contraire

EMPLOYEE INFORMATION / DONNEES SUR L'EMPLOYE

First Name / Prénom Last Name / Nom

[Empty boxes for name]

Not to exceed 19 characters in length / Ne doit pas excéder 19 caractères

Embossing / Embossage

Univ of Manitoba

Not to exceed 19 characters in length / Ne doit pas excéder 19 caractères

Business Address / Adresse Professionnelle

[Empty boxes for business address]

Business Address / Adresse Professionnelle

[Empty boxes for business address]

City / Ville

[Empty boxes for city]

Province

[Empty boxes for province]

Postal Code / Code Postal

[Empty boxes for postal code]

Home Phone / Tél. au domicile

[Empty boxes for home phone]

Employee No. / No de l'employé

[Empty boxes for employee number]

Business Phone / Tél. au bureau

[Empty boxes for business phone]

Monthly credit limit
Limite de crédit mensuelle

7 5 0 0

Single transaction limit
Limite par opération

7 5 0 0

Cash Advance %
% avande de fonds

0

Default FOAP (Accounting Code / Code comptable #)

- 7 7 7 0 0 0 -

UNIT INFORMATION / DONNEES SUR L'UNITE

Corporate Billing Information
Company Number bank assigned
Numéro d'entreprise attribué par la Banque

0 1 1 4 3

Division (Numeric)
Division (numérique)

[Empty boxes for division]

Department (Numeric)
Département (numérique)

[Empty boxes for department]

TBR, DEF AND VIS

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

Unit (Numeric)
Unité (numérique)

[Empty boxes for unit]

COMPANY AUTHORIZATION / AUTORISATION DE L'ENTREPRISE

Employee Signature
Signature de l'employé (e)

Date

Approving Manager's Signature
Signature du directeur autorisé (e)

Date

Plan Administrator Signature
Signature de l'administrateur du programme

Date

Travel Card Memorandum of Understanding and Agreement

The University of Manitoba (the "University") has arranged for US Bank Visa Travel cards ("Travel Cards") to be issued to qualifying employees of the University to acquire travel and travel related services on behalf of, and as instructed by the University's Financial Services unit. For and in consideration of the issuance of a University Travel Card by Visa, under the agreement between the University and US Bank Canada, I agree to the terms of this agreement and understand that from time to time modifications to this agreement may be necessary.

This Memorandum of Understanding and Agreement is between the University and _____ (Employee), of the University in the Faculty/Unit/Department of _____.

Whereas, the University has instituted a Travel Card program that will facilitate travel and travel related expenses for the University to be made directly by the employee of the issued Travel Card. For employees desiring to utilize this program who are willing to accept the responsibilities associated with participation in the program, it is agreed that the following terms and provisions will be observed when using the Travel Card.

1. A Travel Card will be issued jointly with the employee's name and the University's name clearly shown. Only the employee whose name appears on the card is authorized to use that card. The Travel Card and/or account number cannot be assigned to others for their use. It is the employee's responsibility to safeguard the Travel Card and the card number.
2. The Travel Card is another means of University payment and does not change any rules and regulations required by the University. The use of Travel Card shall be limited to University-approved travel and travel related expenses. **The Travel Card must not be used for recurring monthly payments.** The Travel Card is not intended to be used for personal purchases, however, in cases where it is practical, such as additional personal charges to a hotel room charged to the card, personal expenses may be charged.
3. The employee acknowledges that the Travel Card information is also in the care and custody of the University and subject to *The Freedom of Information and Protection of Privacy Act (FIPPA)*.
4. The employee acknowledges that he/she is entrusted to make financial commitments on behalf of the University. Therefore, the employee will ensure that the Travel Card use is in accordance with the Governing Documents and Administrative Bulletins of the University including, but not limited to those referring to acquisitions and financial commitments:
 - Financial Commitments
 - Administration and Control of Operating Funds
 - Financial Administration and Control of Research and Special Funds
 - Signing Authority for Accounts
 - Gifts & Gratuities offered to University Employees
 - Petty Cash
 - Purchasing
 - Travel & Business Expense Claims
5. The cardholder is at all times responsible for prompt reconciliation (i.e. submission of expense claims) of any and all charges made to the Travel Card using the EMT. The University will provide payment for approved University related travel expenses and payment will be made directly to US Bank Canada. All other charges made to the card are the responsibility of the cardholder.

The employee is responsible for any and all late payment charges or interest that relate to charges for which the employee is responsible. _____ and _____
CARDHOLDER ONE OVER ONE

It is understood that use of the Travel Card is a privilege and that the University may revoke or suspend credit card privileges without prior notice if the terms and conditions of this agreement or any amendments to the agreement are violated. It is also understood that the University receives information of all transactions made on this account. It is further understood that the card remains the property of the University and US Bank Canada and must be reconciled and surrendered immediately upon cessation of employment or upon request of the Travel Card Program Coordinator.

I acknowledge that I have read, understand and agree to the terms and provisions of this Memorandum of Understanding and Agreement.

_____ CARDHOLDER and _____ ONE OVER ONE

DEPARTMENT HEAD OR HIGHER

I authorize the issuance of a Travel Card to the above named employee of our department and agree to enforce the proper use of the Travel Card in accordance with the procedures contained in this agreement and the policies of the University of Manitoba. I will take appropriate steps as necessary to correct any misuse or unauthorized use of this Travel Card program. I have read this agreement and understand this agreement and will comply with all terms of this agreement. Failure to do so may result in the card being cancelled without notice.

Name (Please Print)

Position

Signature

Date

EMPLOYEE/CARDHOLDER

I agree to utilize the Travel Card entrusted to me in accordance with the procedures outlined in this agreement and the policies of the University of Manitoba, and to immediately bring to the attention of both the above one-over-one signing authority and the University's Travel Card Coordinator, any suspected misuse or unauthorized use of this Travel Card. I have read this agreement and understand this agreement and will comply with all terms of this agreement. Failure to do so may result in the card being cancelled without notice.

Name (Please Print)

Position

Signature

Date

FINANCIAL SERVICES AUTHORIZATION

Assistant Manager Budget Accounting and Travel Services

Signature

Date