

Request and Authorization for Jefferson Lab Travel Credit Card

I _____ authorize the Jefferson Lab travel
(Please print supervisor's name)
department to issue a travel credit card to the following employee:

Cardholder Information:

Name: _____

Street address: _____

City / State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Credit Limit: \$ _____
(To be completed by Supervisor. Recommend \$3K - \$5K)

Last four digits of card holders social security # _____

_____ I want my travel reimbursed by direct deposit into my bank account.
(Requires completed direct deposit authorization form attached)

_____ I want my travel reimbursed by check.

Employee's Signature _____ DIV: _____ Dept: _____

Supervisor's Signature _____

Travel Department Use Only:

Hierarchy:

Level 1 Company Code 5600098

Transmitted By: _____

Level 2 Division Code 000000 _____

Date

Level 3 Department Code 00000 _____