

# Shippensburg UNIVERSITY

1871 Old Main Drive | Accounts Payable Office | Shippensburg PA 17257 | 717-477-1157

## Travel Card Request Form

Name (First, Middle Initial, Last): \_\_\_\_\_

Social Security Number (Last 4 digits only): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement Address (if different from home address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

### Sequential Authorizations and Dates

1. _____	_____
Applicant	Date
2. _____	_____
Chairperson or Supervisor	Date
3. _____	_____
Director or Dean	Date
4. _____	_____
Vice President or President	Date

Submit completed form to the Accounts Payable Office, OM 209.

December 3, 2007