



COLUMBIA PUBLIC SCHOOLS
BANK OF AMERICA - TRAVEL CARD APPLICATION
 (REV 01/14/16)



Return Completed Form to: Business Services/Aslin Building
 Attn: Alexia Hunt

EMPLOYEE INFORMATION (person responsible for the card)

First Name _____ Middle Initial _____ Last Name _____

School/Department Name _____ Street Address (School/Dept Location) _____ Zip _____

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Business Phone _____ Home/Personal Phone _____ CPS Id Number _____

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Default Account (Key code – Object code) _____ Employee's First Day of CPS Employment _____

@cpsk12.org

Email address of person reconciling transactions _____

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9-digit verification number used to ACTIVATE card and reset PIN number through the website if needed (SSN, phone #, CPS ID, etc.)

DISTRICT INFORMATION

Columbia Public Schools **1818 W Worley Street** **Columbia** **MO** **65203**
 Company Name Address City State Zip

Declining balance card - monthly limit \$10,000 for hotel and airfare travel expenses only

Monthly Credit Limit _____

Columbia Public School District

Second Line of Embossing _____

EMPLOYEE / APPROVAL SIGNATURES

Signature of Employee _____ Signature of Supervisor _____ Signature of Director of Business Services _____

Date _____ Date _____ Date _____