



TRAVEL CARD/CBA ACTION FORM

Today's Date: _____

Cardholder's or Approver's Name: _____

Check one: Cardholder ☐ Approver ☐

Travel Card/CBA #: _____

Supervisor/Budget Head Name: _____

The Employee above: (Check One)

☐

CHANGED DEPARTMENTS*. MAINTAIN CARD PRIVILEGES FOR NEW DEPARTMENT:

* Note: This box is generally applicable to Cardholders ONLY.

NEW DEPARTMENT: _____

NEW DEPARTMENT MAILING ADDRESS & PHONE:

☐

CHANGED JOB RESPONSIBILITIES. CANCEL CARD PRIVILEGES.

☐

IS NO LONGER AN EMPLOYEE. CANCEL CARD PRIVILEGES.

DATE OF TERMINATION: _____

☐

IS ON EXTENDED LEAVE FOR MORE THAN 30 DAYS**.

ACTION WHILE
ON LEAVE:

☐

MAINTAIN CARD PRIVILEGES

☐

SUSPEND CARD PRIVILEGES

☐

CANCEL CARD PRIVILEGES

****Note: If Approver is no longer an employee of the College, is leaving the College, or changing job responsibilities, respective cardholder cannot use the card until new approver is assigned.**

APPROVED BY: _____
Supervisor/Budget Head

DATE: _____

APPROVED BY: _____
Budget Head (if Supervisor is not also Budget head)

DATE: _____

APPROVED BY: _____
Appropriate Vice Chancellor

DATE: _____

DATE ACTION TAKEN: _____
CBA Administrator Signature

DATE: _____

COMMENTS: