

ODJ Corporate Travel Card Application

Corporate Card

Individual Liability Coverage

EMPLOYEE INFORMATION

Employee Name	
Department	
Email Address	
Date of Birth	
Home Address, City, State and ZIP Code	
Business Phone	
Home Phone	

CREDIT LIMIT REQUIRED

<input type="checkbox"/> \$1,000 – Light Traveler
<input type="checkbox"/> \$1,500 – Moderate Traveler
<input type="checkbox"/> \$2,500 – Frequent Traveler
<input type="checkbox"/> \$5,000 – Constant Traveler

EMPLOYEE ACKNOWLEDGEMENT

Employee Signature	
Date	

THIS SECTION FOR OFFICE OF FINANCE USE ONLY

Date Application Received	
Date Application Keved	

Corporate Travel Card Annual Employee Agreement to the attention of _____ Submit this application with the

Backup Program

Backup Program Administrator
Melissa Spaulding

Administrator
Melissa Weissman-Dworn

Monique Johnson-Dowe

(757) 683-4813

(757) 683-5020