

Supervisory Approval for Travel Charge Card Issuance

TO: Travel Charge Card Coordinator

I request that _____ be provided a travel charge card to perform official business travel.

Signature: _____ Date:

CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS (Please also see "Important Information" at the top of the next page.)
1. To add a new account, Cardholder completes Section IV and signs in Section VI, AOPC completes Sections II, III and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to 605-357-2092 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	

SECTION II	REPORTING PARAMETERS
*Reporting Hierarchy: (1) _____ *Processing Unit ID #: (2) _____ (maximum 5 characters)	

SECTION III	(3) *PLASTIC TYPE (Please check one of the following)
Government Standard _____ Quasi-Generic _____ Non-POS (White) _____ Generic _____	

SECTION IV	CARDHOLDER INFORMATION (Please Print)
(4)	
*First Name of Cardholder _____	*Middle Initial _____
*Last Name (maximum 20 characters) _____	
(5)	
*Agency/Organization Name (maximum 24 characters) _____	*Home Phone _____
(6)	
4th Line Embossing _____	*Business Phone _____
(7)	
*Home Residential Street Address Line 1 (maximum 36 characters) _____	Fax Number _____
Home Residential Street Address Line 2 (maximum 36 characters) _____	
*City _____	*State _____
*Zip Code _____	Country _____
(8)	
*Business Mailing Street Address Line 1 (maximum 36 characters) _____	*Social Security Number _____
(9)	
Business Mailing Street Address Line 2 (maximum 36 characters) _____	*Verification Information _____
(10)	
*City _____	*State _____
*Zip Code _____	Country _____
(11)	
E-mail Address _____	*Date of Birth (mm/dd/yy) _____
(12)	
(13)	
Master Accounting Code (maximum 75 characters) _____	
(14)	
Discretionary Code 1 (maximum 12 characters) _____	Discretionary Code 2 (maximum 20 characters) _____
Discretionary Code 3 (maximum 15 characters) _____	

SECTION V	AUTHORIZATION PARAMETERS
(15) Dollars per Cycle Limit (Card Limit) \$: _____	
(16) Dollars per Transaction Limit \$: _____	
(18) ATM Access: Y _____ N _____	
(17) Number of Transactions: Cycle: _____ Daily: _____ (19) ATM Access Limit: Daily \$ _____ Weekly \$ _____ Cycle \$ _____	

SECTION VI	(20) CARDHOLDER SIGNATURE
By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____	Date _____

SECTION VII	(21) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____	Date _____
*Approving Agency/Organization Program Coordinator's Name (printed) _____	Date _____
*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____	

**GUIDE TO
CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM**

Form for requesting a new individually billed Travel Card.

IMPORTANT INFORMATION about opening a new Citibank® Government Travel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.
2. **Processing Unit ID#:** Cardholder's five-digit billing site number (Corp ID number). For shipping to central address(es) as bulk shipment. Contact your Client Account Manager for your Agency's specific codes.

Section III - Plastic Type

3. **Plastic Type:** Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Non-POS (White): Issued for Centrally Billed Accounts, **cannot** be used at the point-of-sale; 4) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Agency.
6. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
7. **Home Residential Street Address:** Home address where invoices may be mailed.
8. **Business Mailing Street Address:** Address where the card and statements may be mailed.
9. **Social Security Number:** Used for card activation. Must be the Cardholder's Social Security Number.
10. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. This can be a control account number, cost center, etc.
11. **E-mail Address:** Business e-mail address.
12. **Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.
13. **Master Accounting Code:** Default accounting code (i.e., general ledger code) for this card's transactions.
14. **Discretionary Code:** Alpha and/or Numeric Agency-assigned code, individualized to each card/Cardholder. This information appears on the card/Cardholder's profile of information. Note: The Agency may have up to three different discretionary codes for each card/Cardholder.

Section V - Authorization Parameters

15. **Dollars per Cycle Limit (Card Limit) \$:** Cardholder balance limit.
16. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
17. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.
18. **ATM Access:** Indicate access to cash advances at Automated Teller Machines.
19. **ATM Access Limit:** Indicate dollar limit per day, week or monthly cycle.

Section VI - Cardholder Signature

20. **Cardholder Signature:** Optional, but required if plastic is issued

Section VII - A/OPC Signature

21. **Approving Agency/Organization Program Coordinator's Signature and Phone Number:** Program Coordinator must sign for approval, and must also print his or her name. The A/OPC's business phone number is also requested.