

**THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE
TRAVELER'S CHECK REQUEST FORM
FOR AGENCY 207 - ACADEMIC DIVISION
(NUMBER APPEARS BELOW CARDHOLDER'S NAME ON CARD)**

PLEASE TYPE OR PRINT:

Date: _____

Traveler's Name: _____
Last Name First Name M.I.

Traveler's Social Security Number: _____

Dept. Name: _____ Dept. Phone: _____

Dept. Address: _____

TRAVEL INFORMATION

Dates of Travel: _____
(Must be overnight to receive traveler's checks.)

Destination(s): _____

Purpose: _____

Amount of Traveler's Checks Request: _____
(**\$50 per day of travel, \$150 min., \$500 max., none for day trips.**)

The requested amount of traveler's checks represents expenses which I estimate will be incurred on official University travel and which cannot be charged directly to my corporate American Express Card.

Traveler's Signature

I certify that the employee listed above is traveling on official University business and authorize the issuance of traveler's checks as a charge against his/her corporate American Express Card.

**Department or Activity Head Name
(Please Print)**

Department or Activity Head Signature

**Department or Activity Head Title
(Please Print)**

FOR OFFICE USE ONLY

Cashier's Initials