



This form is used to apply for a new or make changes to an existing San José State University GoCard. The GoCard program allows cardholders to arrange and prepay registration, lodging and transportation expenses related to approved University travel. Services and goods not related to approved travel are not allowed in this program. Complete all sections, obtain approving official's signature, and mail to Accounts Payable.

Cardholders are responsible for reconciliation of charges reflected in the monthly statement issued by the bank and for submitting receipts and copies of travel claims to Accounts Payable in a timely manner. Failure to do so will result in a reduction of spending limit and, if continual, termination of privileges. Approving Officials are responsible for reviewing and approving Cardholder expenditures prior to submittal to Accounts Payable. Cardholders must have email access and attend training prior to using the Travel Card.

Note: A monthly limit of \$10,000 has been established for all university cardholders. Requests for exceptions to this limit are reviewed by the Accounts Payable Manager on a case-by-case basis.

Cardholder Information

| | |
|------------------------|-------------------------|
| Cardholder Name: _____ | Cardholder Email: _____ |
| Employee ID: _____ | Phone Number: _____ |
| Department: _____ | Extended Zip: _____ |

Request Type

| | | |
|--|--|---|
| <input type="checkbox"/> New Account | <input type="checkbox"/> Reactivate Closed Account | <input type="checkbox"/> Update to Current Account* |
| *If update to current account, please state reason for change: _____ | | |

Default Chartfield

| | | | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|---|---|---|
| Account: <input type="text"/> | Fund: <input type="text"/> | Dept ID: <input type="text"/> | Class (optional): <input type="text"/> | Project (optional): <input type="text"/> | Program (optional): <input type="text"/> |
|--------------------------------------|-----------------------------------|--------------------------------------|---|---|---|

Authorization

| | |
|--|--------------|
| Cardholder Signature: _____ | Date: _____ |
| Approving Official ¹ Signature: _____ | Date: _____ |
| Approving Official Name: _____ | Title: _____ |
| Approving Official Email: _____ | Phone: _____ |

¹ As outlined in the [Delegation of Authority for the Approval of Financial Expenditures Guidelines](#).