

**CLARKSON UNIVERSITY  
HSBC CORPORATE TRAVEL CARD  
REQUEST FORM**

In anticipation of future university-related travel and hospitality expenses, I request that an HSBC Corporate Travel Card be issued in my name.

I agree to accept responsibility for the protection and proper use of this Corporate Travel Card in accordance with all applicable Clarkson University Policies and Procedures. I further understand that improper use of this card may result in disciplinary action, which may include card cancellation, termination, and legal action.

I understand that Clarkson University may terminate my right to use this Corporate Travel Card at any time for any reason. I agree to return the Corporate Travel Card to Clarkson University immediately upon request or upon termination of employment.

Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
CU Mail Box No.: \_\_\_\_\_  
CU Telephone Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Supervisor Approval:

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\*Return to the Comptroller's office – CU Box 5546 or Fax: 2319