

**VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY
BURSAR'S OFFICE CUSTOMER SERVICE WINDOWS
150 STUDENT SERVICES BUILDING**

AMERICAN EXPRESS TRAVELER'S CHECK REQUEST

Date: _____

Traveler's Name: _____

Traveler's VT ID Number: _____ Postal Code: _____

Department and Campus Address: _____

Off-campus Address (if applicable): _____

Campus Telephone: _____ Email Address: _____

Travel Information

Purpose of Travel: _____

Destination: _____ Departure Date: _____

Return Date: _____

University Business Travel Approved by Department Head:

Print Department Head Name: _____ Signature of Department Head: _____

The estimated expenses to be paid by Traveler's Checks are as follows:

Transportation: _____

Per Diem or M&IE: _____

Other (explain): _____

TOTAL: _____

(Total must equal amount of checks requested)

Amount of Traveler's
Checks Requested: _____

(Minimum \$150, \$50 increments, Maximum \$1,000*)

I affirm that the requested amount of American Express Traveler's Checks represents expenses, which I estimate will be incurred on official University travel, which cannot be charged to my corporate GE MasterCard. I authorize the amount of Traveler's Checks to be deducted in full from my paycheck should repayment not be made to the University within 30 days of the statement due date.

Traveler's Signature

* You will need this completed form to have your request processed. Special requests for large denomination checks or foreign currency checks require a minimum notice of one week; requests must be addressed to the Bursar's Office.