

**Texas A&M University-Kingsville
Corporate Liability Individual Billed Account
CLIBA Card Application / Approval Form**

Applicant's Name: _____

Applicant's University Number or SSN: _____

Department Name: _____

Mail Stop Code: _____

Phone Number: _____

E-mail: _____

FAMIS Account Number to be utilized: _____

Support Account (if applicable): _____

Departmental Individual Responsible for Audit/Reconciliation

Name: _____

Phone: _____

E-Mail: _____

I understand that I must attend a training class and agree to follow the procedures set forth in the Texas A&M University-Kingsville guidelines. I further agree to adhere to the departmental delegated authority guidelines and to sign the CLIBA Cardholder's Travel Card Agreement before a Travel Card will be issued. Upon issuance of card, I understand that any/all inappropriate use of this card is subject to disciplinary action, up to and including termination of my employment.

Applicant's Name (Type/Print)

Applicant's Signature

Date

CLIBA Program Administrator

Date

**Please return this completed form to Sandra D Charles, Program Administrator/Travel Coordinator
College Hall Room 111 A, MSC 104 (361) 593-3950**