

Travel & Entertainment Card Application

SECTION I

AGREEMENT

- *Applicants hereby represent that the Corporate Card will be used for business purposes only.
- *Completed forms need to be sent to: ExpenseHelp@californiaresources.com for processing
- *Cardholder information is required
- *Please use default coding from PeopleSoft for Organization/Project/Task numbers
- *Mailing address will be used as the address where the card will be mailed
- * Applications require a signature (name & title) of an authorized Company Representative or Program Administrator to issue a Corporate Card.
- *Payment for charges on your Corporate Card account are due in full upon receipt of your monthly statement. If payments are not received in a timely manner, cumulative late and delinquent fees will be charged to your account.

SECTION II

CARDHOLDER INFORMATION

Select one: PAYROLL EMPLOYEE INTERN CONTRACTOR (NOT allowed to have T&E corporate cards)

* First Name _____ * M.I. _____ * Last Name _____ * Last 4 digits of Social Security # _____

* Date of Birth _____ * Employee ID # _____ * Business Phone _____ * Organization # / Project # / Task # _____

* Mailing Address (where card will be mailed) _____ * City _____

* State _____ * Zip Code _____ * Email Address _____

SECTION III - OFFICE USE ONLY

MCC INFORMATION

MCC Template: _____

SECTION IV - OFFICE USE ONLY

HIERARCHY INFORMATION

Reporting Hierarchy: 41377 20000 75015 40000

SECTION V

Monthly Limit: **\$15,000.00**

Please explain justification for limits higher than default 15,000 monthly limit:

SECTION VI

I, the cardholder, acknowledge that upon use of my card, I agree to abide by the guidelines established in Oxy's Employee Travel and Business Expenses Policy 06:45:00 and any policy subsequently issued by CRC. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen.

*Cardholder Signature: _____ Print Name: _____ Date: _____

*Cardholder Title: _____

*Supervisor's Signature: _____ Print Name: _____ Date: _____

*Supervisor's Title: _____

The Employee Acknowledgement of Responsibility Form must accompany this application.



Cardholder Acknowledgement of Responsibilities Form

Rush Application _____

Having applied for a Corporate Travel & Expense Card (T&E Card) sponsored by the Company, I understand and agree that I am personally responsible and liable for payment of all charges incurred through my use of this credit card. I acknowledge that I am responsible for reading the Employee Travel and Business Expenses Policy 06:45:00 and understanding its contents.

I understand that payment to the card issuer is due in full upon receipt of my statement, regardless of whether or not I have submitted an expense report for reimbursement.

I acknowledge that upon my separation from the Company, I will immediately pay to the Company any outstanding personal (not business) expenses that I may have charged to my T&E Card, and that any failure on my part to do so will constitute a willful and dishonest act, and the Company will have the right to withhold from any sums due to me (including from my final paycheck) any outstanding personal expenses that I may have charged to my T&E Card.

I understand the monthly statement will be made available by mail or electronically via email. I further understand if I change my address that it will be my responsibility to notify the card issuer in writing of the change.

I agree to return this company-sponsored card to the Company upon termination of my employment.

SIGNATURE OF EMPLOYEE / CARDHOLDER

TITLE OF EMPLOYEE

PRINT NAME

DATE

This form must be returned in order to process your corporate card application

Please send to: ExpenseHelp@californiareources.com