



# Northern Illinois University

## Declining Balance Card Application

Declining Balance Cards are issued for one-time use. The card is issued per trip or multiple trips if the start date of one trip falls within 60 days of the end date of the previous trip. If the trip includes two or more destinations with no return to the employee's headquarters, then the travel is considered one trip. Details of each trip are required.

\* indicates a required field

### 1. APPLICANT INFORMATION

Full First Name\* \_\_\_\_\_ MI \_\_\_\_\_ Last Name\* \_\_\_\_\_

Date of Birth\* (mm/dd/yyyy) \_\_\_\_\_ Employee ID\* (Eight Digits) \_\_\_\_\_

### 2. ACCOUNT SECURITY

Access Code 1\* Month & Day of Birth (mmdd) \_\_\_\_\_

Access Code 2\* Last Four Digits SSN \_\_\_\_\_

### 3. ACCOUNT INFORMATION

NIU email address\* \_\_\_\_\_ NIU phone number\* \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Default Cost Center and Fund\* \_\_\_\_\_

Total Amount Requested\* \_\_\_\_\_

### 4. HOME ADDRESS

Home Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

### 5. TRIP 1 INFORMATION (ATTACH 2ND PAGE IF NEEDED)

Number of Faculty/Staff\* \_\_\_\_\_ Departure Date\* \_\_\_\_\_ Destination\* \_\_\_\_\_

Number of Students/Guests\* \_\_\_\_\_ Return Date\* \_\_\_\_\_ Amount Requested for this Trip\* \_\_\_\_\_

Purpose of Expenditure\* \_\_\_\_\_

### 6. TRANSACTION MANAGER INFORMATION

Name of Approving Manager\* (direct manager or higher) \_\_\_\_\_ Employee ID\* (Eight Digits) \_\_\_\_\_ NIU email address\* \_\_\_\_\_

### 7. SIGNATURES

BY SIGNING THIS FORM, I AGREE TO ADHERE TO THE NORTHERN ILLINOIS UNIVERSITY COMMERCIAL CARD PROGRAM POLICIES & PROCEDURES

Cardholder Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Approving Manager Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Dean/Division Head Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Completed, typed forms, with all signatures, are to be sent to Card Services, Lowden Hall 208 or scanned and emailed to [cardservices@niu.edu](mailto:cardservices@niu.edu)

# Declining Balance Card Application Page 2

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## APPLICANT INFORMATION

Full First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

## COMPLETE FOR EACH ADDITIONAL TRIP

### TRIP #2 INFORMATION

Number of Faculty/Staff \_\_\_\_\_ Departure Date \_\_\_\_\_ Destination \_\_\_\_\_

Number of Students/Guests \_\_\_\_\_ Return Date \_\_\_\_\_ Amount Requested for this Trip \_\_\_\_\_

Purpose of Expenditure

### TRIP #3 INFORMATION

Number of Faculty/Staff \_\_\_\_\_ Departure Date \_\_\_\_\_ Destination \_\_\_\_\_

Number of Students/Guests \_\_\_\_\_ Return Date \_\_\_\_\_ Amount Requested for this Trip \_\_\_\_\_

Purpose of Expenditure