

FINANCIAL OPERATIONS

Shuster Hall, Room 012 250 Bedford Park Blvd West Bronx, NY 10468 Phone: 718-960-8245 Fax: 718-960-8333 www.lehman.edu

□ New □ Update □ Ren	nove			
CITIBANK Travel Card Application				
The following information is needed in order to apply for a Citibank Travel Card.				
Applicant Information				
Prefix First Name		Middle Initial	Last Name	
Last 4 digits of your Social Security Number EMPLID			*Last eight digits of your CUNY E	implovee ID Card
				P Transfer
Billing Information				
Statement Billing Address (line 1) Statement Billing Address (line 2)				
250 Bedford Park Blvd West				
City/APO State/ Provider		Providence	Zip Code	
Bronx	New	York	10468	
Business Phone Number & Extension	Business Fax Number	Email Address		
Requested per transaction limit	Requested monthly maximum	1		
\$1,500	\$2,000			
• Authorizations				
Signature of Applicant Date		Date	Department Name and 5 digit CUNYfirst dept. number	
Supervisor Name Supe		Supervisor Signature		Date
Name of Approving Vice President or Dean Sign		Signature of Approving Vic	e President or Dean	Date

^{*}This number refers to the last eight numbers of your employee ID located on the bottom of your Lehman College ID which start with "00"