



STUDY ABROAD PROGRAMS

Credit Card Authorization (Valid Credit Card Needed)

Date: _____

Applicant Name: _____

Address: _____

Day Telephone: _____

Eve Telephone: _____

Program (circle one): **China** **Germany** **India** **Israel** **Russia**

Credit Card Number: (MASTERCARD AND VISA ONLY / 16 digits required)

Expiration Date (month/year): _____ / _____

Amount: \$ _____

Card Verification Digits /VIN Number (Last 3 digits on back of card)

Verification of Cardholder (Card will not be processed without information. If address is the same as above, write "same as above.")

Name of Cardholder (if different from above): _____

Address: _____

Phone: _____ Email Address: _____

Receipts are sent via email

Signature: _____ Date: _____

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

ACTION BY STAFF: All credit card information has been verified. (credit card and drivers license)

Received By _____ (initials) Date Received _____ Development Dept. (only): _____
 Received By _____ (initials) Date Received _____ Budget Dept. Alloc. #(only): _____

ACTION BY BURSAR'S OFFICE ONLY:

Received Date _____ Journal Acct: CLE Contr Don Out Din Conf Auc Tui Reg Tae

GL / Account Number (last digits) Processed Date: _____