



STUDY ABROAD PROGRAMS

Credit Card Authorization (Valid Credit Card Needed)

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

\_\_\_\_\_

Eve Telephone: \_\_\_\_\_

Program (circle one): Vietnam Germany Israel India Croatia

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

16 empty boxes for credit card number digits

Expiration Date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

3 empty boxes for card verification digits

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): 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: