



Office of Controller
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Central Travel Account (CTA) Enrollment CTA Account Information

CTA Account Name: EWU -
(Please include "State of WA and Agency Name") max: 25 characters

CTA Monthly Credit Limit _____ \$ _____

CTA Contact Information

New Account **Contact Update**

| | | |
|--|-------|----------------|
| Company Name: <i>Eastern Washington University</i> | | |
| Company Address: | | |
| Department Name/Sub-Agency | | Street Address |
| City | State | Zip Code |
| Cardholder Contact: | | Phone: () - |
| E-mail Address: | | Fax: () - |
| Approver Contact: | | Phone: () - |
| E-mail Address: | | Fax: () - |
| CTA Billing Address: | | |
| <small>(Same as Primary Contact Address)</small> | | |
| Attn. | | Phone: () - |
| Address: | | |
| City | State | Zip Code |

CARDHOLDER SIGNATURE/APPROVAL SIGNATURE

I have read the CTA manual and agree to the conditions of use policy as provided in training by Travel Accounting. This account is not transferable without prior written approval and training through Travel Accounting.

Signature of Cardholder / Date

Signature of Approver / Date

Program Administrator Signature / Date
(for Travel Accounting use only)

Signature of Supervisor (if different from approver) / Date

*** Please link new account to existing central bill