

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 ☐ Remove		
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 Employee ID Card		
Billing Information		
Statement Billing Address (line 1) Statement Billing		(line 2)
250 Bedford Park Blvd West		
City/APO	State/ Providence	Zip Code
Bronx	New York	10468
Business Phone Number & Extension Busine	ss Fax Number Email Address	
Requested per transaction limit Requested monthly maximum		
\$1,500 \$2,00		
• Authorizations		
Signature of Applicant	Date	Department Name and 5 digit CUNYfirst dept. number
Supervisor Name	Supervisor Signature	Date
Name of Approving Vice President or Dean	Signature of Approving Vi	ce 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"