

# Stanford Controller's Office

To: Deans and Department Heads/Chairs

From: Liane Pfeiffer, Travel Program Coordinator  
phone:725-9102 / fax: 723-7936

Subject: Stanford University American Express Department Account Program

For those occasions when students, consultants, or visiting faculty will travel on University business, you may choose to have a *Department Account* with American Express. The *Department Account* is managed by an administrator in your department who assumes responsibility for the account. For Stanford faculty, employees and post-doctoral scholars, American Express will make available an individual Corporate Credit Card free of charge. The individual cards are the responsibility of the individual and may be used as any personal credit card.

The following steps may establish the Department Account:

- Appoint a responsible person as custodian of the account and another responsible person as the alternate custodian
- Complete the designation form requesting a Department Account
- Have the custodian complete the American Express application form
- Fax these 3 forms to the Travel Program Coordinator at 723-7936 or via ID mail to MC-6048.

Upon completion of the approval process, the new custodian will be contacted and arrangements made for a training session to be completed before the account is opened.



**STANFORD UNIVERSITY**

**REQUEST FOR AMERICAN EXPRESS DEPARTMENT ACCOUNT and DESIGNATION OF CUSTODIAN**

I, \_\_\_\_\_ , \_\_\_\_\_  
Please Print Name Title

Agree to act as "Department Account Custodian" for the American Express Department Account for the \_\_\_\_\_ Department,  
Department Name

As requested by \_\_\_\_\_ on \_\_\_\_\_  
Dean or Department Head Date

I hereby affirm that I will not authorize charges to the American Express Department Account without receiving a completed signed **REQUEST TO CHARGE TRAVEL FOR UNIVERSITY BUSINESS**. I have read and agree to follow the **POLICY** and the **PROCEDURES** for the American Express Department Account and will maintain all records necessary to ensure proper payment of the American Express charges.

If I use this account for charges other than those authorized by a **REQUEST TO CHARGE TRAVEL FOR UNIVERSITY BUSINESS** form, I agree that I will be personally responsible for them and will pay American Express for such charges promptly upon receipt of their statement.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Telephone Number

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**AMERICAN EXPRESS DEPARTMENT ACCOUNT ALTERNATE CUSTODIAN AGREEMENT**

I, \_\_\_\_\_ , \_\_\_\_\_  
Please Print Name Title

Agree to act as "Alternate Department Account Custodian" for the American Express Department Account for the \_\_\_\_\_ Department. I will follow the procedures outlined above and assume the responsibilities only when the Account Custodian is absent.  
Department Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Telephone Number

**STANFORD UNIVERSITY**

**REQUEST FOR AMERICAN EXPRESS DEPARTMENT ACCOUNT and DESIGNATION OF CUSTODIAN**

I, \_\_\_\_\_ , \_\_\_\_\_  
Department Head or Dean (Please print ) Title

Request that an American Express Department Account be issued for

\_\_\_\_\_ Department,  
Department Name

And that it be issued in the name of

\_\_\_\_\_ who shall be the Account Custodian.  
Please print name

This account shall be limited for use by those travelers who are not otherwise eligible for an individual American Express Corporate Credit Card but who are traveling on University business for this Department, including students, consultants, visiting faculty, and other occasional travelers. Those eligible to use the Department Account must complete a **Request to Charge Travel for University Business** form, obtain the appropriate approval signatures for the travel, and present the completed form to the Account Custodian who will authorize contractual agents to issue documents for the travelers and charge them to the Department Account. The Department Account is not to be used without a completed, properly approved, **Request to Charge Travel for University Business** form.

I designate as Alternate Account Custodian

\_\_\_\_\_  
Please print name

The Alternate Account Custodian will serve in the absence of the above custodian and will follow all of the procedures outlined above.

I have read the **Statements of Policy and Procedures** for American Express Department Account and agree to adhere to the policy and procedures. In receiving this account, I acknowledge that this Department is responsible for the control of charges and payments. If it becomes necessary to make a payment without the proper documents, payment will be made from an unrestricted department account under my authority.

\_\_\_\_\_  
Signature of Department Head or Dean Date

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Telephone Number