

**CITIBANK DINERS CLUB
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK
UNIVERSITY TRAVEL SYSTEM PROGRAM**

Department Name: _____

Contact Name: _____

Address: _____

Department /Sub Dept No: _____ / _____ Phone No: _____

Estimated Monthly Expenditure: _____ Date: _____

DAF Authorized Signature: _____

DAF Authorized Name (Print) _____ Title: _____

Upon Completion, please fax or mail to: Mildred Gonzalez
MC 3203
Fax # 854-2043

CONTROLLER USE ONLY

Reports requested

Report Number: _____

Exp. Date _____

Authorized By: _____ Date: _____

Print Name / Title: _____