

TRAVEL CARD APPLICATION

Arkansas State University

Section A - Employee Applicant Information

Last Name	First Name	Middle Initial	Last 4 Digits SS#	ASUID#
Department/Division		Work Phone: (Required)	Emergency Contact Phone: (Required)	
Email Address: (Required)		Employee Job Title		
Monthly Card Limit Requested (Limit must not exceed \$2,500) \$		Date of Birth: (Required)		

Section B - Approval Signatures

Employee Signature: _____ Date: _____	Department Dean or Director (if applicable) Signature _____ Date: _____	Vice Chancellor or Director (if applicable) Signature _____ Date: _____
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Section C - Employee Understanding/Signature

I, the undersigned cardholder, understand that the T-Card is to be used for **official state travel for Arkansas State University** pursuant to State Travel Regulations found at <http://www.dfa.arkansas.gov>. Procedures found in the Travel Card Manuel. I agree to make no personal charges on the card. I further understand that if I abuse the privilege, my card may be canceled by the Travel Card Coordinator. I understand that I am required to attend training for the T-Card and must attend retraining when notified by the Travel Card Coordinator.

Employee applicant requests that he or she be issued a Bank of America Mastercard Travel Card. In consideration of the issuance and the use of the card, the employee and department agree to be bound by the Bank of America Cardholder Agreement accompanying the card, as amended by Bank of America from time to time, for all charges incurred by the use of the card for the related account. Creditor is Bank of America.

Applicant Signature: _____ Date: _____

Section D - Supervisor Signature-Signature of Cardholder's Supervisor

(Supervisor Signature)	(Supervisor Email)
(Date)	(Phone)

Section E - Travel Card Coordinator

This section is to be completed by Travel Card Coordinator

Processed:	Submitted to Bank of America:	Travel Card Coordinator Signature:
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Travel Card New Account Agreement

Cardholder Name: _____ Phone: _____

Department: _____ Email Address: _____

I fully understand and agree to the following terms and conditions regarding use and safekeeping of my Travel Card:

(Please initial each item below)

- _____ 1) I, as an employee of Arkansas State University, fully understand and agree to the following terms and conditions regarding use and safekeeping of the Travel Card.
- _____ 2) I agree to document all Travel Card expenditures and obtain itemized receipts. These will be attached to the Expense Report in Concur and approved by my supervisor.
- _____ 3) I will not accept cash refunds or gift cards in exchange for any credits on the card. I understand that all credits must be issued directly to the card. I will report any vendors who do not comply with this guideline.
- _____ 4) **I understand it is my responsibility to be aware of my department budget when using the Travel Card. Charges should post in the year that the travel occurred.**
- _____ 5) I understand that the Travel Card is to be used for official travel of Arkansas State University. I will not use the card for any unauthorized travel or personal purchases.
- _____ 6) I understand that the card issued in my name is only to be used by me. I agree to not share my card or card number with anyone. **No other employee's expenses may be charged to my card.** I will be making financial commitments on behalf of Arkansas State University and will endeavor to obtain fair and reasonable prices.
- _____ 7) I will immediately report theft or loss of the card to Bank of America by phone, my liaison (if applicable) and the Travel Card Coordinator. I will submit a Lost/Stolen/Fraud Form to the Travel Card Coordinator.
- _____ 8) I will surrender my Travel Card upon (a) termination of employment, or (b) transfer to another department or (c) requested by my supervisor or the Travel Card Coordinator.
- _____ 9) I understand that if my Expense Report is late or incorrect and I have not amended the situation in a timely manner, my Travel Card privileges will be suspended or terminated.
- _____ 10) In the event that I cannot complete my Expense Report in a timely manner, due to emergency or illness, I will notify the Travel Card Coordinator and Travel Services.
- _____ 11) I agree that all credit limits or changes must be justified and approved by the division Vice Chancellor or Division Director if no Vice Chancellor.
- _____ 12) I will attend training for the Arkansas State University Travel Card and obtain a copy of the policy and procedures. I may be required to attend retraining sessions when notified by the Travel Card Coordinator due to changes in state travel regulations.
- _____ 13) I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Travel Card may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or (d) criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

Your signature below and initials by each item listed assures your understanding and acceptance prior to being issued a card.

Cardholder Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Application Processed Date: _____

Sent to Bank of America Date: _____