# 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:** | **Department Dean or Director (if applicable) Signature** | **Vice Chancellor or Director (if applicable) Signature** |
|---|---|---|
| Date: _____ | Date: _____ | Date: _____ |

### 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 Manual. 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 US Bank Visa Travel Card. In consideration of the issuance and the use of the card, the employee and department agree to be bound by the US Bank Cardholder Agreement accompanying the card, as amended by US Bank from time to time, for all charges incurred by the use of the card for the related account. Creditor is US Bank.

Applicant Signature:_____ Date: _____

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

| | | | |
|---|---|---|---|
| (Supervisor Signature) | (Date) | (Supervisor Email) | (Phone) |

### Section E - Travel Card Coordinator
**This section is to be completed by Travel Card Coordinator**

| Processed: | Submitted to US Bank: | Travel Card Coordinator Signature: |
|---|---|---|
| | | |

# 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***

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**Application Processed Date:** _____ **Sent to Bank of America Date:**_____

**Revised July 2022**