DEPARTMENTAL CARD APPLICATION

Arkansas State University

Section A – Account Information

Department Name on Card	Department Supervisor	Department Phone
Custodian: Name of Primary Employee	Email Address	ASU ID#
College or Division	Work Phone (Required)	Additional Phone (Required)
Custodian: Name of Secondary Employee	Email Address	ASU ID#
College or Division	Work Phone (Required)	Additional Phone (Required)
Monthly Credit Limit Requested (Limit must not exceed $5,000) $ _____	**Date of Birth: (Required)** _____	

Department Chair or Supervisor Signature	Dean Signature or Director (if applicable) Signature	Vice Chancellor or Director (if applicable) Signature
_____	_____	_____
Date: _____	Date: _____	Date: _____

Section B - Agency Accounting Information

This section is to be completed by an authorized Travel Card Coordinator

***Name of Agency:** **Arkansas State University**	**Agency Contact:** Billy Hogue Phone: 870-972-2333 Email: travel@astate.edu	
Address: Arkansas State University Procurement Services PO Box 1860 State University, AR 72467-1860	**Phone:** 870-972-2315 870-972-2333	

Section C– Department Representative Understanding/Signature

Employee Applicant requests that he/she be issued a US Bank Visa Travel CTS Account. In consideration of this issuance and the use of the US Bank Department Card, the Employee Applicant and State agree to be bound by the US Bank Cardholder Agreement accompanying the account, as amended by US Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is US Bank.

I, the undersigned employee, understand that this account is to be used for **official state travel** pursuant to State Travel Regulations found at http://www.dfa.arkansas.gov. As the primary custodian, I agree to make no personal charges on the account. I further understand that if I abuse this privilege, the account may be canceled by A-State or the Office of State Procurement.

_____ (Primary Employee Signature/Date)

_____ (Approving Department Dean or Director-Signature/Date)

Section D – Travel Card Coordinator

This section is to be completed by Travel Card Coordinator

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

Revised July 2022