

DART Travel Card Application and Agreement Form



THE TEXAS A&M
UNIVERSITY SYSTEM

SELECT NAME OF THE APPROPRIATE AGENCY FROM THE DROP DOWN LIST:

BUSINESS TRAVEL ONLY

For TAMU, TAMUHSC, TAMUS, TAMUS SRS, Scan and E-mail To: paymentcard@tamu.edu

For TAMUCT: Scan and E-mail To: acctspayable@tamuct.edu

For TAMUG Scan and E-mail To: acctspay@tamug.edu

Card to be Picked Up

Contact for Card Pick Up

Account Group Name

Employee/Student/Contractor Name:

Mail Stop:

Dept. Code:

Business Phone No.:

E-mail:

UIN:

Declining Balance Limit \$

Cash advance Limit (% of Declining Balance Limit) **Only With Prior Approval**

In Concur for Student or Non-Employee Card is to be assigned to:

Name:

Business Phone No.:

Employee UIN:

E-mail:

Departmental Administrator

Name:

E-mail:

Business Phone No.:

As the Cardholder, I acknowledge that I have read and understand the terms and conditions of this Agreement. I understand that Texas A&M University, Texas A&M University Central Texas, Texas A&M University Galveston, Texas A&M Health Science Center, Texas A&M University System or Texas A&M University Shared Services Center, hereinafter referred to as Member, is liable to Citibank & MasterCard for all Member charges. I understand that this is a declining balance card and that all expenses must be fully substantiated by receipts or other acceptable documentation. Failure to document these expenses will result in taxable income to the employee or cardholder if not documented within 90 days from the program end date or last date of travel.

I agree to use this card **only** for Member approved purchases relating to business travel, assigned study abroad program, student travel or contracted services travel and understand that I am responsible for repayment of any unauthorized charges. Furthermore, I agree **not to charge personal travel expenses** and am educated on the proper uses of the card. Texas A&M University Financial Management Operations, Texas A&M University Central Texas or Texas A&M University Galveston's Fiscal Office will audit the use of this card and report findings to departmental head or departmental approver.

I further understand that improper use of this card may result in disciplinary action up to and including termination of employment or prosecution for non-employees. I agree to repay the Member any amounts owed by me even if I am no longer employed by or associated with the Member.

Applicant's (Cardholder) Name (Print/Type)

Applicant's (Cardholder) Signature

Date

Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member DART Travel Card. I agree that any account/support account that will be reallocated to in the Concur Travel System will have funds sufficient to pay any and all charges made on the DART Travel Card. I will ensure that a reconciliation and approval of all expense reports will be performed. I agree to ensure all users of the card agree to use it for Member approved business travel expenses only, **not to charge personal travel expenses**, and am educated on the proper uses of the card. I understand that the improper use of this card may result in disciplinary action, up to and including termination of employment of the cardholder or prosecution for non-employee.

Department Head or Supervisor Name (Print/Type)

Department Head or Supervisor Signature

Date

State law requires that you be informed of the following: (1) you are entitled to be informed about the information the Member collects about you (with a few exceptions as provided by law); (2) you are entitled to receive a copy of that information; and (3) you are entitled to have the information corrected at no charge to you.