

University/Agency Travel Card Application and Agreement Form



THE TEXAS A&M
UNIVERSITY SYSTEM

SELECT THE APPROPRIATE AGENCY FROM THE DROP DOWN LIST:

BUSINESS TRAVEL ONLY

For TAMU, TAMHSC, TAMUS, TAMUS SRS: Scan and Email To: paymentcard@tamu.edu

For TAMUG: Scan and Email To: acctspay@tamug.edu

Card to be Picked Up

Contact for Card Pick Up:

Account Group Name:

Employee Name:

Mail Stop:

Dept. Code:

Business Phone No.:

Cardholder UIN:

Email:

Card will be issued with a Monthly Transaction Limit of \$1.00. Limit will need to be increased at time of approved travel.

Established Monthly Credit Limit For Frequent Travelers \$

Departmental Administrator

Name:

Email:

Phone No.:

As the cardholder, I agree to comply with the terms and conditions of this Agreement. I acknowledge that I have read and understand the terms and conditions of this Agreement and the [Travel Guidelines](#) in [The Guidelines for Disbursement of Funds](#). I understand that Texas A&M University, Texas A&M University Galveston, Texas A&M Health Science Center, Texas A&M University System or Texas A&M System Shared Services Center (hereinafter called Member) is liable to Citibank & MasterCard for all Member charges.

I agree to use this card for Member approved business travel expenses only. Furthermore, I agree **not to charge personal travel expenses** and am educated on the proper uses of the card. I agree to report any personal charges against the University Travel Card to FMO-Payment Card Office or FMS at Galveston. I will repay the Member all personal charges. I understand the allowable uses of the University Travel Card and have read the University Travel Cardholder Checklist. I further understand an expense report in the Concur Travel System must be completed within 30 days of the last date of travel or the return date. 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 am also aware the card may occasionally be declined due to Merchant Category Codes. If my card is declined I am to contact FMO-Payment Card Office or FMS at Galveston. I understand that the Member will audit the use of this card and report findings to the departmental head or departmental approver.

I understand that the card is property of the Member. I further understand that the Member may terminate my right to use this card at any time for any reason. I understand that the improper use of this card may result in disciplinary action, up to and including my termination. I agree the card remains with the department immediately upon termination of employment and will notify FMO-Payment Card Office or FMS at Galveston.

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 University 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 University Travel Card. I will ensure that a reconciliation and approval of all expense reports will be performed. I understand that the improper use of this card may result in disciplinary action, up to and including termination of employment of the cardholder.

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.