

Payment and Travel Card Application Guide

Link to application: <https://it-lf-ecmf.tamu.edu/Forms/Payment-Travel-Card-Application>

Select your system member and then the type of card to be ordered. Then answer if you have completed training. If you have completed the training it will require you to upload your transcript. If you have not completed training you can answer no and submit the application, but the card will not be ordered until the training is completed.

Payment Travel Card Application

THE TEXAS A&M UNIVERSITY SYSTEM

Agency Name*

Texas A&M University

Application Type*

Payment Card Travel Card DART Travel Card

Cardholder Information

Card Type*

Individual Departmental

Have you completed training?

Yes No

Please attach your train traq transcript showing completion of the course. Please upload in pdf format*

Upload

First login to TrainTraq through SSO and navigate to “My Transcript”. Then download the transcript so it can be added as an attachment. Click on browse in the application and select the file to upload.

The screenshot shows a Windows File Explorer window with the following table of files:

Name	Date modified	Type	Size
Today (1)			
TranscriptReportAllCourses	8/26/2020 12:14 PM	Adobe Acrobat D...	254 KB
Earlier this year (3)			
Teamwork+WE8BENE2019	5/13/2020 1:19 PM	Adobe Acrobat D...	2,670 KB
INV-00018939_Layer_3_Communications...	2/7/2020 2:23 PM	Adobe Acrobat D...	136 KB
TexasAM19_5115-158-4_Layer_3_Comm...	2/7/2020 2:22 PM	Adobe Acrobat D...	1,027 KB
A long time ago (118)			
8085206226 (1)	9/16/2019 3:45 PM	Adobe Acrobat D...	298 KB
8085206226a(1)	9/16/2019 3:45 PM	Adobe Acrobat D...	108 KB
8085206226(1)	9/16/2019 3:45 PM	Adobe Acrobat D...	298 KB
8085206226	9/16/2019 3:44 PM	Adobe Acrobat D...	298 KB
8085206226a	9/16/2019 3:44 PM	Adobe Acrobat D...	108 KB
9A76CC84B1744E319E1F(9)	9/16/2019 3:31 PM	Adobe Acrobat D...	2,240 KB
5F5853207B6F3D728755654E27333D83(5)	9/16/2019 3:31 PM	Adobe Acrobat D...	1,715 KB

Below the file explorer, there is a form with the following text:

File name: *.pdf

Have you completed training?
 Yes No

Please attach your train traq transcript showing completion of the course. Please upload in pdf format*

After attaching the transcript, then enter the cardholders name, address, department code, and contact information. The department code field is search as you type. So you can type in your member number, space and department code. Phone number must be entered as shown below.

[TranscriptReportAllCourses.pdf](#) 253.31KB

First Name *	Middle Initial	Last Name *
<input type="text" value="Clint"/>	<input type="text"/>	<input type="text" value="Merritt"/>

Card Billing Address * (?)

Street Address

Address Line 2

City <input type="text" value="College Station"/>	State / Province / Region <input type="text" value="TX"/>
Postal / Zip Code <input type="text" value="77843"/>	Country <input type="text" value="USA"/>

Dept. Code *

Phone No. * <input type="text" value="9798458772"/> <small>Please enter in format:xxxxxxxx</small>	Email * <input type="text" value="c-merritt@tamu.edu"/>	UIN * (?) <input type="text" value="501005527"/> <small>No hyphens needed.</small>
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The card limits will auto populate when the system member is selected. Each member may have a different default monthly or single transaction limit. You can edit the fields to request more or less in the monthly transaction limit. However the Single Transaction limit cannot be increased, only decreased in the request. Complete the department contact information and then determine if the payment card needs to be assigned to a card administrator in Concur. If you do assign it to a card administrator in Concur the transactions for this card will not appear in the cardholder's profile, but in the user's profile noted below. Then click Submit.

Card Limits

Monthly Transaction Limit *

\$

2,500.00

Single Transaction Limit *

\$

10,000.00

Department Contact Information

First Name *

Evonne

Last Name *

Crocker

UIN *

701008781

No hyphens needed.

Email *

ecrocker@tamu.edu

Phone No. *

9798451373

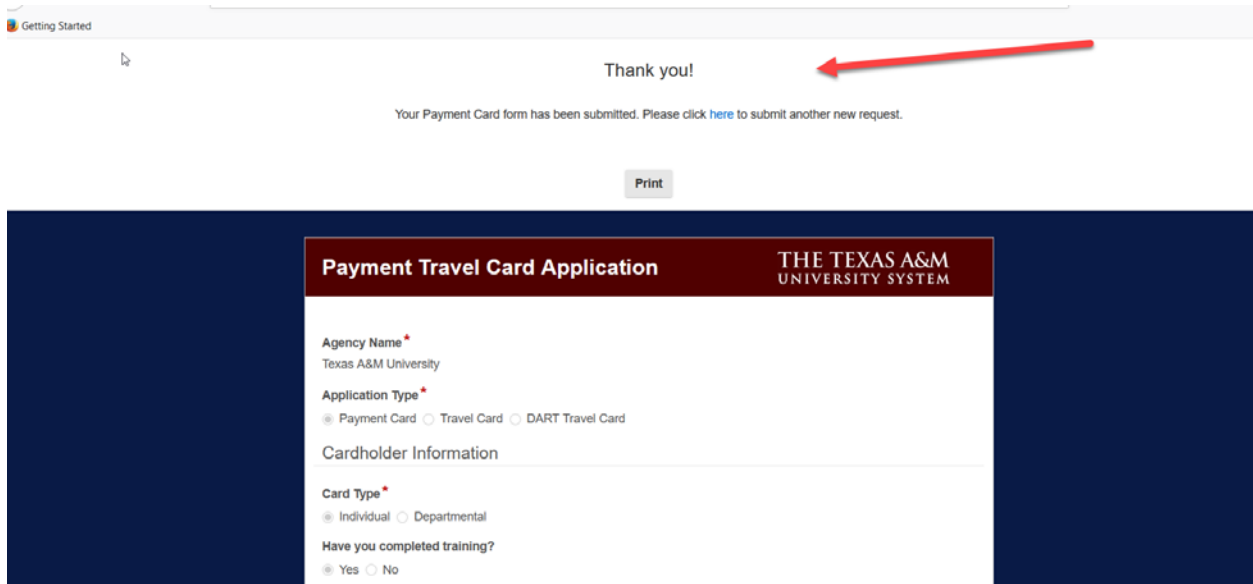
Please enter in format:xxxxxxxx

Does card need to be assigned in Concur to someone other than the Cardholder? * (?)

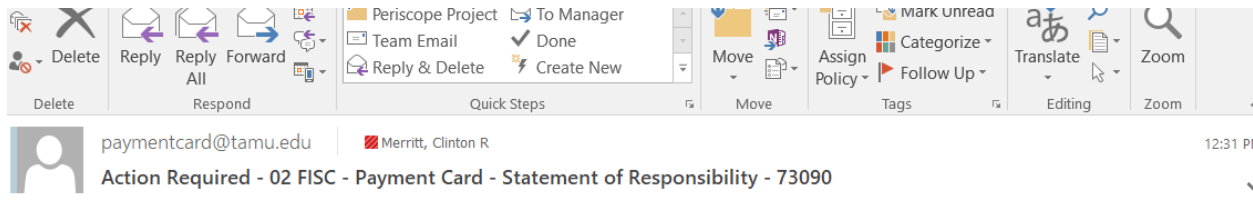
Yes No

Submit

You will get a confirmation that the application has been submitted.



The applicant (future cardholder) will receive an email to sign the statement of responsibility agreement. Click on the link in the email.



A Payment Card request has been submitted for you.

A signed Statement of Responsibility is required to process your request.

Please click [Statement of Responsibility](#) agreement. The card will not be ordered until this statement is acknowledged/signed.

This is an automated email. Please do not reply.

The applicant will then read agreement and then sign the form.

Payment Travel Card Application

THE TEXAS A&M
UNIVERSITY SYSTEM

Instance ID

Individual Payment Card

As the card cardholder, I agree to comply with the terms and conditions of this Agreement and the [Payment Card Program Guide](#).

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Payment Card Program Guide. I also acknowledge that I have completed the Individual and Departmental Payment Card Online Training. I understand that Texas A&M University (hereinafter called Member) is liable to Citibank & MasterCard for all Member charges.

I agree to use this card for Member approved purchases **only** and agree not to charge personal purchases. I understand that the Individual Payment Card is limited in regards to card sharing and that if the card needs to be shared more than 12 times per year a departmental card should be requested. Furthermore, if the card is shared I agree to document sharing by using the [Check Out/In Log](#). I understand the use of this card will be reviewed and findings reported to the departmental head or departmental approver.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment. I agree to repay the Member any amounts owed by me even if I am no longer employed by the Member.

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 agree to return the card to the Member immediately upon request or upon termination of employment.

Name

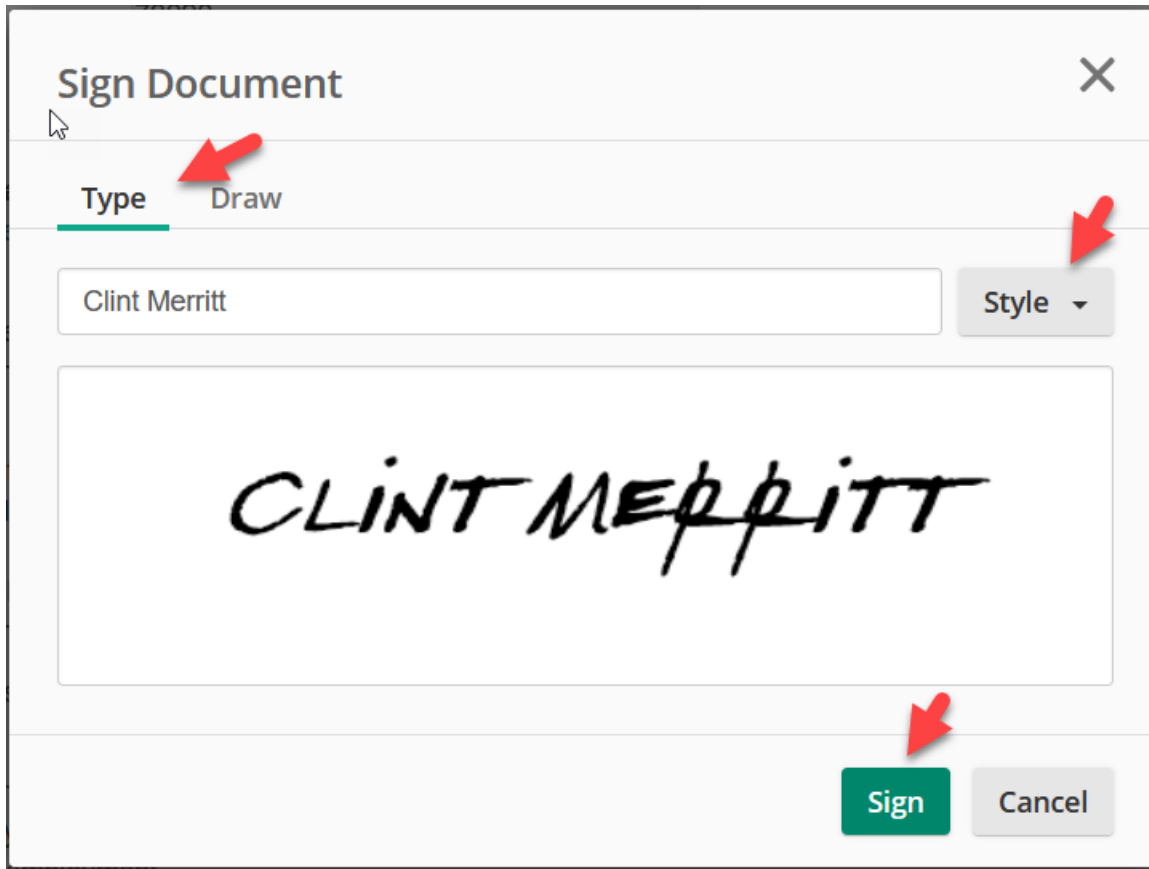
Dept. Code

UIN
No hyphens needed.

Signature *



The applicant will type in their name in the below, select the style of signature and then click sign.



The image shows a 'Sign Document' dialog box. At the top left is the title 'Sign Document' and a close button 'X'. Below the title are two tabs: 'Type' (selected) and 'Draw'. A red arrow points to the 'Type' tab. Below the tabs is a text input field containing 'Clint Merritt' and a 'Style' dropdown menu with a downward arrow. A red arrow points to the 'Style' dropdown. Below these is a large white box containing a handwritten signature 'CLINT MERRITT'. At the bottom right are two buttons: a green 'Sign' button and a grey 'Cancel' button. A red arrow points to the 'Sign' button.

After signing just click submit.


departmental head or departmental approver.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment. I agree to repay the Member any amounts owed by me even if I am no longer employed by the Member.


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 agree to return the card to the Member immediately upon request or upon termination of employment.

Name	Clint Merritt
Dept. Code	02 FISC
UIN	501005527

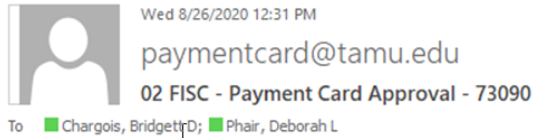
No hyphens needed.

Signature* 

The signature preview shows the handwritten name 'CLINT MERRITT' in a grey box. There are small 'X' and pencil icons in the bottom right corner of the preview box.



The application is routing to the approvers at the same time it sent the statement of responsibility to the applicant. The approver will receive an email requesting review and approval of the application. Click on the link “Click here to open this task in Laserfiche Forms”. This link will direct the approver to login with their Net Id and password.



To ■ Chargois, Bridgett D; ■ Phair, Deborah L

A Payment Card request has been submitted for 02 FISC.

Please review the form using the link below. Once assigned to yourself, you can submit for further approval or reject the form.

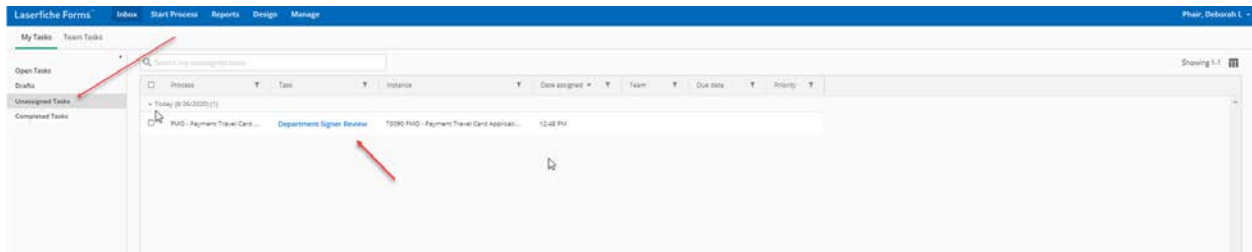
You will need to log in using your NetID.

If you cannot remember your NetID or password, it can be retrieved at <https://gateway.tamu.edu>

[Click here to open this task in Laserfiche Forms](#)

This is an automated email. Please do not reply.

Once the approver has logged in click on “Unassigned Tasks” and then click on the wording in blue to open the form.



Once you open the form click on the “Assign” button in green in the top right of the screen. The first approval step has the ability to edit the fields in the form.

Department Creator Review Save Draft

Payment Travel Card Application

THE TEXAS A&M UNIVERSITY SYSTEM

Agency Name*
Texas A&M University

Application Type*
 Payment Card Travel Card EMV Travel Card

Cardholder Information

Card Type*
 Individual Departmental

Please attach your train track transcript showing completion of the course. Please upload in pdf format*

TranscriptReportMCourses.pdf 253.31KB

First Name*	Middle Initial	Last Name*
Class		Idemir

Card Billing Address* (1)

Street Address
750 Agronomy Rd Suite 3101

Address Line 2
0000 TAMU

City State (Required) Region
College Station TX

Postal / Zip Code
77843

Country
USA

Dept. Code*
02-PISC

Phone No.* Email* LIN*
9796450772 c-niemir@tamu.edu 501695527

Card Limits

Monthly Transaction Limit*	Single Transaction Limit*
\$ 2,500.00	\$ 10,000.00

Department Contact Information

First Name*	Last Name*	LIN*
Evonne	Crocker	791698781

Email* Phone No.*
ecrocker@tamu.edu 9796451173

Does card need to be assigned in Concur to someone other than the Cardholder?*

Yes No

Comments

Department Creator Review
7225 FHG - Payment Travel Card Application - Anonymous User

Summary Action History

Task Information

Assigned to:	Prin: Deborah L J [58853]
Date assigned:	12-44 PM
Due date:	No due date
Priority:	None
Team:	No team

The second approval step, which is the department signer step, does not have the ability to edit the form. However if edits are needed they can return the form back to the first approver step to be modified by selecting "Send back for Modification(s)". The document can also be approved or rejected at the bottom of the form in both approval steps.

Department Signer Review | Laserfiche Forms - Google Chrome
 it-ff-ecmf.tamu.edu/Forms/Form/Approval/94c1af98-7224-49c1-9fab-d10818376dc8?hideHeader=true

Department Signer Review

Payment Travel Card Application THE TEXAS A&M UNIVERSITY SYSTEM

Agency Name*
Texas A&M University

Application Type*
 Payment Card Travel Card DART Travel Card

Cardholder Information

Card Type*
 Individual Departmental

Have you completed training?
 Yes No

Please attach your train track transcript showing completion of the course. Please upload in pdf format!
[TranscriptReport04Course.pdf](#) 253.31KB

First Name* Middle Initial* Last Name*
 Clint

Card Billing Address* (*)
 Street Address:
 750 Agronomy Rd Suite 3101
 Address Line 2:
 6000 TAMU
 City:
 College Station TX (Please use Region)
 Postal / Zip Code: TX
 Country: USA
 77843

Dept. Code*
02 FISC

Phone No.*
9796492772

Email*
clint@tamu.edu

SSN*
501005327

Card Limits

Monthly Transaction Limit* \$ 2,500.00
 Single Transaction Limit* \$ 10,000.00

Department Contact Information

First Name* Last Name* SSN*
 Evonne Crocker 701008781

Email* Phone No.*
 evonne@tamu.edu 9796451373

Does card need to be assigned in Concur to someone other than the Cardholder?
 Yes No

Comments

Task Information
 Assigned to: Phair, Deborah L. [Assign]
 Date assigned: 1:06 PM
 Due date: No due date
 Priority: None
 Team: No team

Department Signer Review | Laserfiche Forms - Google Chrome
 it-ff-ecmf.tamu.edu/Forms/Form/Approval/94c1af98-7224-49c1-9fab-d10818376dc8?hideHeader=true

Department Signer Review

Application Type*
 Payment Card Travel Card DART Travel Card

Cardholder Information

Card Type*
 Individual Departmental

Have you completed training?
 Yes No

Please attach your train track transcript showing completion of the course. Please upload in pdf format!
[TranscriptReport04Course.pdf](#) 253.31KB

First Name* Middle Initial* Last Name*
 Clint

Card Billing Address* (*)
 Street Address:
 750 Agronomy Rd Suite 3101
 Address Line 2:
 6000 TAMU
 City:
 College Station TX (Please use Region)
 Postal / Zip Code: TX
 Country: USA
 77843

Dept. Code*
02 FISC

Phone No.*
9796492772

Email*
clint@tamu.edu

SSN*
501005327

Card Limits

Monthly Transaction Limit* \$ 2,500.00
 Single Transaction Limit* \$ 10,000.00

Department Contact Information

First Name* Last Name* SSN*
 Evonne Crocker 701008781

Email* Phone No.*
 evonne@tamu.edu 9796451373

Does card need to be assigned in Concur to someone other than the Cardholder?
 Yes No

Comments

Send back for Modification(s) Approve Reject

Task Information
 Assigned to: Phair, Deborah L. [Assign]
 Date assigned: 1:06 PM
 Due date: No due date
 Priority: None
 Team: No team

Once the department signer approves the form (assuming the cardholder has completed training) the form will be available in the Back Office Review step for the approval of the application. The back office then clicks assign, reviews the form, edit if necessary and then approve at the bottom of the form. If necessary the form can also be rejected.

Back Office Review

Payment Travel Card Application THE TEXAS A&M UNIVERSITY SYSTEM

Agency Name*
Texas A&M University

Application Type*
 Payment Card Travel Card DART Travel Card

Cardholder Information

Card Type*
 Individual Departmental

Have you completed training?
 Yes No

Please attach your train traq transcript showing completion of the course*
Upload
TranscriptReportAllCourses.pdf 253.31KB

First Name* Middle Initial Last Name*
Clinton Merritt

Card Billing Address* (*)
Street Address
750 Agronomy Rd Suite 3101
Address Line 2
6000 TAMU
City State / Province / Region
TX
Postal / Zip Code Country
77843 USA

Dept. Code*
02 FISC

Phone No.* Email* UIN*
9736458772 c-merritt@tamu.edu 501005527

Back Office Review
72090 RMO - Payment Travel Card Application-Anonymous User
Summary Action History

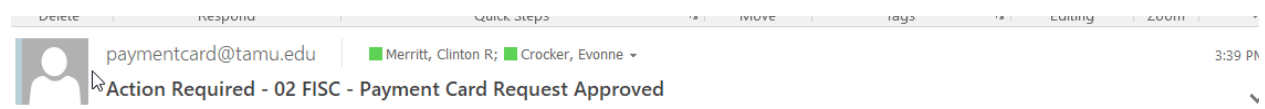
8/25/2020 1:12 PM
Crockett, Evonne, Groce, Tiffany L & Artis, Crystal L are in process with task Back Office Review

8/26/2020 1:12 PM
Phair, Deborah L completed task Department Signer Review Approve

8/26/2020 12:48 PM
Phair, Deborah L completed task Department Creator Review Approve

8/25/2020 12:31 PM
Anonymous User submitted a form Message Start Event and started an instance in process RMO - Payment Travel Card Application Submit

Once approved by the back office the applicant/cardholder and department contact will receive an email notification letting them know the card has been ordered. There is a link to the cardholder checklist to provide information on activating the card and some guidelines on its usage. The cardholder should hold on to this email until the card is received so they can acknowledge receipt of the card by click on the link show below in the email. The cardholder will be reminded to acknowledge receipt of the card after 10 days and will receive an email daily until the receipt of the card is acknowledged. The acknowledgement completes the process.



Your Payment Card request has been approved. The card has been ordered with an expected delivery of 5-7 business days.

Upon receipt of the card, please immediately activate the card for use. Instructions for activating the card, the cardholder responsibilities or contact information for the Travel/Payment Card office, please see the [Payment Cardholder Checklist](#)

In addition, please click [here](#) to acknowledge receipt of card.

This is an automated email. Please do not reply.

If choosing Travel Card or Dart Card the process is exactly the same. However on the form there are some fields that may vary depending on if Travel or Dart Card is selected. Below is the Travel Card form.

Agency Name *
Texas A&M University

Application Type *

Payment Card Travel Card DART Travel Card

Cardholder Information

First Name * **Middle Initial** **Last Name ***

Card Billing Address * (?)

Street Address

Address Line 2

City State / Province / Region

TX

Postal / Zip Code Country

USA

Dept. Code *

Phone No. * **Email *** **UIN * (?)**

Please enter in format:xxxxxxxx No hyphens needed.

Card Limits

The top half of the form is very similar except it does not have a training question/requirement. The bottom half of the form does not have a single transaction limit nor the option for assigning the card to card administrator. Travel cards and their transactions have to be in the employees/cardholder's profile.

Card Limits

Monthly Transaction Limit*

\$

Department Contact Information

First Name*

Last Name*

UIN*

No hyphens needed.

Email*

Phone No.*

Please enter in format:xxxxxxxx

Dart card form is the same, except it is possible to assign a dart card to an employee/card administrator. In the event the dart card is for a student or other non-employee it has to be assigned to an employee. In the event it is not an employee the UIN hover help provides the UIN number to use. If it is an employee then it should be the employees UIN that is used and the card should not be assigned to another employee.

Application Type*

Payment Card Travel Card DART Travel Card

Cardholder Information

First Name*

Middle Initial

Last Name*

Card Billing Address* (?)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Dept. Code*

Phone No.*

Please enter in format:xxxxxxxx

Email*

UIN* (?)

No hyphens needed.

Card Limits

Monthly Transaction Limit*

\$

Department Contact Information

First Name*

Last Name*

UIN*

No hyphens needed.

Email*

Phone No.*

Please enter in format:xxxxxxxx

Does card need to be assigned in Concur to someone other than the Cardholder?* (?)

Yes No