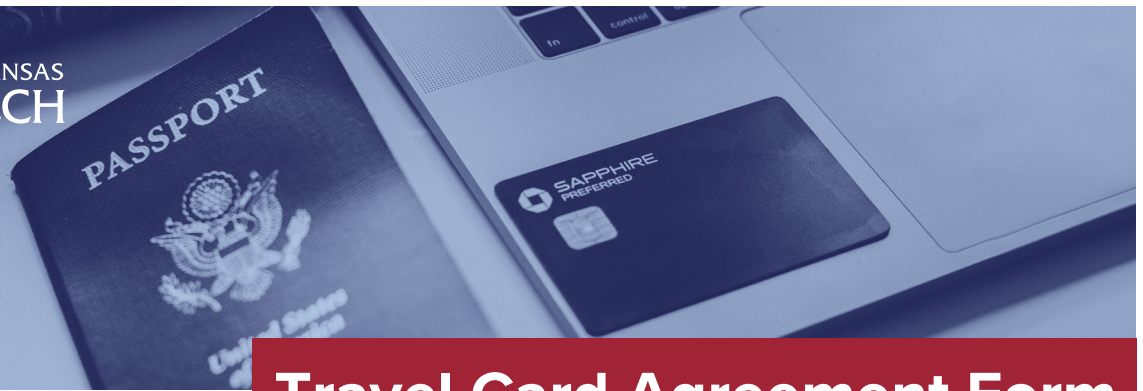




UNIVERSITY OF ARKANSAS  
PULASKI TECH



## Travel Card Agreement Form

Cardholder Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cardholder Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I, as an authorized and approved UA-Pulaski Tech Travel Card Program T-Cardholder, hereby acknowledge receipt of policies and procedures manual and training, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the purchasing card or account number(s) entrusted to me:*

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| <p>_____ Initial 1. I accept full personal responsibility for the safekeeping of all T-card or account number(s) assigned to me and that absolutely no one, other than me, has authority to use the T-card or account number assigned to me.</p> <p>_____ Initial 2. Upon receipt of a <b>completed and approved</b> Spend Authorization, I will be making financial commitments on behalf of UA-PTC and will always endeavor to obtain fair and reasonable prices following University of Arkansas-Pulaski Technical College Travel Policy and State of Arkansas Travel Regulations.</p> <p>_____ Initial 3. I have received training and copies of the travel policy associated with the T-Card and agree to follow all of the procedures established for the use of the T-Card account or account number(s).</p> <p>_____ Initial 4. I will not use the T-Card or account numbers for non-UA-PTC official business, unauthorized, or personal purchases. If such charges occur I will be required to reimburse UA-PTC for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.</p> <p>_____ Initial 5. I will immediately report the theft or loss of the T-Card to Bank of America by phone at 1-866-500-8262 and to the UA-PTC T-Card Coordinator, (501) 812-2307. Failure to notify the appropriate authority of the theft, loss, or misplacement of the T-Card will make me personally responsible for any fraudulent or unauthorized use.</p> <p>_____ Initial 6. I will surrender my T-Card to Procurement upon (a) my termination of employment with the UA-PTC, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the UA-PTC T-Card Coordinator requests surrender of my card.</p> <p>_____ Initial 7. I understand that any purchases made by me, with the T-Card, will be recorded and reviewed in management reports for payments, possible discrepancies and appropriateness of purchase.</p> <p>_____ Initial 8. I understand that I am personally responsible for obtaining all original receipts and submitting them in accordance with UA-PTC's Travel policies and procedures.</p> <p>_____ Initial 9. I understand that I will only use the T-Card for lodging (room and tax only), flight, and registration. Meals are not to be placed on the T-card. Incidentals are also not to be placed on T-card. If such charges occur, card holder will be required to reimburse the college for these charges.</p> | <p>_____ Initial 10. An Administrative (Ghost) card can be provided to certain departments. Airfare, registration, car rentals for individuals, and lodging (room and tax only, if the hotel allows for prepayment of lodging <b>without</b> the actual credit card) are the only expenses that should be placed on this card. This T-card is in the name of the individual within a department who is responsible for the processing of travel related tasks. This person is responsible for all charges incurred.</p> <p>_____ Initial 11. I understand that failure to follow any of the above listed terms and conditions, including completing the Spend Authorization and receiving approval prior to booking any travel, or misuse of the T-Card in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I understand that the use of the T-Card after privileges are withdrawn is strictly prohibited.</p> |
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*I hereby accept the above terms and conditions.*

\_\_\_\_\_  
Cardholder Signature Date

*I, as Agency head or Chief Financial Officer (CFO), approve a T-Card account in the name of the state employee stated above to be used for all charges related to the use of the T-Card issued.*

\_\_\_\_\_  
Agency Head / CFO Signature Date

*Approved by Agency T-Card Liaison:*

\_\_\_\_\_  
Agency T-Card Liaison Signature Date

\_\_\_\_\_  
Date Employee Completed Training Date