

## TRAVEL CARDHOLDER AGREEMENT FORM

**This form must be signed and returned to Karlene Combs at UMC 2400 within 10 working days after the card is picked up, or the card will be closed.**

**Your signature on this form indicates that you understand and will comply with Travel and Purchasing Card requirements, including the following statements:**

1. I understand that only specific travel related expenses are allowed on the Travel Card. These travel related expenses may include regular air fare, agency air fare, rental car, hotel, shuttle service and bus.
2. A Travel Authorization form must be completed, signed, and approved to document each charge made on my Travel Card.
3. I understand that the travel card is to stay in the department office. If a credit card is needed for additional expenses while traveling, I may use my personal card or apply for a Utah State University Diners/MasterCard Corporate travel card. <http://www.usu.edu/controller/forms/useragree.pdf>
4. I understand that the Card is for University approved travel only and that I am not allowed to make personal purchases. This means that there is completed, signed, and approved T A for each charge paid on my Travel Card.
5. I understand that since the card is issued in my name ("my card") that I am responsible for all charges billed on the card.
6. I understand that I need to obtain and keep an itemized receipt for each charge. An itemized receipt identifies each item purchased, as well as whether Utah State sales tax was charged.
7. I am responsible to make sure that Utah sales tax is not charged on any purchase. Utah State Tax exemption #11895815-002-STC is imprinted on the Card.
8. It is my responsibility to make sure that my monthly Card statement is reconciled and that I, as Cardholder, sign the reconciled statement. I am responsible to write the corresponding Travel Authorization number next to each charge on my monthly credit card statement. I may assign the reconciliation process to someone else as long as I continue to sign the reconciled statement.
9. My reconciled and signed statement must be reviewed and signed by my administrator (immediate supervisor). Administrators can delegate the review process to someone else as long as that person does not report to me.
10. Since the Travel Card is University property, I am aware that my card usage may be audited. I am required to keep reconciled statements including all support documents, (such as itemized receipts) for five years.
11. I will immediately notify both US Bank (800-344-5696) and a Card Administrator (797-1788 or 797-1037) if my card is lost or stolen.
12. If I transfer to another University department or terminate employment, I agree to notify and surrender the card to Purchasing Services.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Card Manager Printed Name

Last 4 digits of P-Card: \_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name

Date: \_\_\_\_\_