



TRAVEL CARD CARDHOLDER AGREEMENT FORM

Please initial beside each statement and sign below. Doing so indicates that you understand and will comply with all P-Card & Travel Card requirements. P-Card Procedures are at: <http://www.usu.edu/controller/acctpay/pcard.cfm>

_____ I understand that the Travel Card is a special form of a P-Card and that with a few exceptions, I must understand and comply with all P-Card Procedures.

_____ I understand that the Travel Card is a restricted-use card and only specific travel related expenses are allowed on the Travel Card. These travel related expenses may include air fare, travel agencies, hotel, shuttle service and bus. I may not use the Travel Card for any personal purchases.

_____ A Travel Authorization form must be completed, signed, and approved to document each charge made on my Travel Card.

_____ 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 credit card or apply for a University issued Diners Corporate Travel Card.

_____ I understand I am responsible for all charges on the Travel Card even if I allow someone else to use my card (a delegated user).

_____ I understand that every charge must have an itemized receipt.

_____ I understand that my monthly Travel Card statements must be reconciled. 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. I must always sign and date the reconciled statements since I am the Cardholder. My signature indicates that the Travel Card charges on the statement are University approved purchases.

_____ I understand that my reconciled statements must be reviewed, signed and dated by my supervisor. My supervisor may delegate the review process to someone else as long as that person does not report to me. My supervisor's signature indicates that he/she approves of the Travel Card charges on my statement even though it is after the fact.

_____ I understand that my card usage may be audited. I am required to provide reconciled statements and all support documents when requested including copies of Travel Authorization forms.

_____ I will immediately notify both US Bank (800-344-5696) and a P-Card Administrator (797-1037) if my card is lost or stolen.

_____ I agree to notify a P-Card Administrator (797-1037) when I transfer to another University department or terminate employment.

_____ Card Manager Name _____
Employee Signature

Last 4 Digits of P-Card _____

_____ Employee A# _____ Date _____
Employee Printed Name