



DEPARTMENTAL CARD APPLICATION
Arkansas State University-Jonesboro

Section A – Account Information

Department Name on Card		Department Supervisor		Department Phone	
Custodian: Name of Primary Employee		Email Address		ASU ID#	
College or Division		Work Phone (Required)		Additional Phone (Required)	
Custodian: Name of Secondary Employee		Email Address		ASU ID#	
College or Division		Work Phone (Required)		Additional Phone (Required)	
Monthly Credit Limit Requested (Limit must start at \$5000 or less) \$ _____		Date of Birth (Required)		GRANT ACCOUNTS ARE NO LONGER ALLOWED ON DEPARTMENTAL CARDS. DEPARTMENT MUST USE DEFAULT TRAVEL ACCT AND REALLOCATE IN US BANK TO THE GRANT	
DAC: (US BANK use)	FUND	ORG	ACCOUNT 725000	PROGRAM	(Do not write in this space) FOPAL Verified: _____
Department Chair or Supervisor Signature		Dean Signature or Director (if applicable) Signature		Vice Chancellor or Director (if applicable) Signature	
Date: _____		Date: _____		Date: _____	

Section B - Agency Accounting Information

This section is to be completed by an authorized Credit Card Program Coordinator

*Name of Agency: Arkansas State University-Jonesboro	Agency Contact: Nanya French Phone: 870-972-3445 Email: nfrench@astate.edu
Address: Arkansas State University-Jonesboro Procurement Services PO Box 1860 State University, AR 72467-1860	Phone: 870-972-2028 870-972-3445

Section C – Department Representative Understanding/Signature

Employee Applicant requests that he/she be issued a U.S. Bank Visa Travel CTS Account. In consideration of this issuance and the use of the U.S. Bank Departmental Card, the Employee Applicant and State agree to be bound by the U.S. Bank Cardholder Agreement accompanying the account, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.

I, the undersigned employee, understand that this account is to be used for official state travel pursuant to State Travel Regulations found at <http://www.dfa.arkansas.gov>. As the primary custodian, I agree to make no personal charges on the account. I further understand that if I abuse this privilege, the account may be cancelled by ASU-Jonesboro or the Office of State Procurement.

(Primary Employee Signature/Date)

(Approving Department Dean or Director-Signature/Date)

Section D – Procurement Credit Card Coordinator

This section is to be completed by Procurement/Travel Services Coordinator

Processed:	Submitted to US Bank	Credit Card Coordinator Signature:
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Departmental Card New Account Information Record

Department Custodian Name: _____ Phone: _____

Department: _____ Email Address: _____

I as an authorized and approved Departmental Card Custodian, fully understand and agree to the following terms and conditions regarding use and safekeeping of the Departmental Card entrusted to me:

(Please initial each item below)

- 1) I will attend training for the Arkansas State University-Jonesboro Departmental Card and obtain a copy of the policy and procedures. I may be required to attend retraining sessions when notified by the Credit Card Coordinator due to changes in state travel regulations.
- 2) I accept full responsibility for the safekeeping of the Departmental Card assigned to my department. I will be making financial commitments on behalf of Arkansas State University-Jonesboro and will always endeavor to obtain fair and reasonable prices. I agree to document all Departmental Card expenditures and obtain itemized receipts. These will be attached to the monthly Departmental Card Log and signed by my approved supervisor. If this supervisor is unable to sign, I will submit the log to the Vice Chancellor of my division or Director if applicable.
- 4) I will not accept cash refunds or gift cards in exchange for any credits to the card. I understand that all credits must be issued directly to the card. I will report any vendors who attempt to issue cash refunds or gift cards.
- 5) In the event that I cannot complete my monthly log, due to emergency, illness, vacation, or conference I will notify the Credit Card Coordinator and make arrangements with another trained custodian to complete my monthly log.
- 6) I understand that if the Departmental Card transaction log is late or incorrect and I have not amended the situation in a timely manner the Departmental Card privileges will be suspended or terminated.
- 7) I understand it is my responsibility to be aware of my department budget when using the Departmental Card. If I exceed my fiscal year budget this will be taken from the next fiscal year budget.
- 8) I understand that the Departmental Card is to be used for official travel of Arkansas State University. I will not use the card for any unauthorized travel, personal purchases, or food
- 9) I understand that the card issued in the department name is to be used only by myself or the other designated custodian of the department. I agree to not share the card number with anyone.
- 10) I will immediately report theft or loss of the card to US Bank by phone, my backup custodian and the Credit Card Coordinator.
- 11) I will surrender my position as the Departmental Card Custodian upon (a) termination of employment, or (b) transfer to another department, or (c) my supervisor or the Credit Card Coordinator requests surrender.
- 12) I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Departmental Card 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 authorities. I hereby accept the above terms and conditions.

Your signature below and initials by each item listed assures your understanding and acceptance prior to being issued a card.

Custodian Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Application Processed Date: _____

Sent to US Bank Date: _____