



**TRAVEL CARD APPLICATION**  
**Arkansas State University-Jonesboro**

**Section A - Employee Applicant Information**

Last Name	First Name	Middle Initial	Last 4 Digits SS#	ASUID#
Department/Division		Work Phone: (Required)	Emergency Contact Phone: (Required)	
Email Address: (Required)		Employee Job Title		
Monthly Card Limit: (Beginning Limit must start at \$5,000 or less) \$	Date of Birth: (Required)	Arkansas State University-Jonesboro Procurement Services PO Box 1860 State University, AR 72467		
FUND:	ORG :	ACCT : 725000	PROGRAM:	
GRANTS ARE NO LONGER ALLOWED AS A DEFAULT FOAP FOR A TRAVEL CARD. DEPARTMENT FOAP MUST BE USED AND REALLOCATED TO THE GRANT ACCOUNT IN US BANK TRANSACTION MANGEMENT.				

**Section B - Approval Signatures**

<b>Employee Signature:</b> _____ Date: _____	<b>Department Dean Signature</b> (If no Department Dean, Department Director signature) _____ Date: _____	<b>Division Vice Chancellor Signature</b> _____ Date: _____
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**Section D - Employee Understanding/Signature**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned cardholder, understand that the TCard is to be used for **official state travel for Arkansas State University** pursuant to State Travel Regulations found at <http://www.dfa.arkansas.gov>. Policies found in the Travel Card Policy and Procedures training booklet. I agree to make no personal charges on the card. I further understand that if I abuse the privilege, my card may be canceled by the Procurement Services Office. I understand that I am required to attend training for the Travel Card and must attend retraining when notified by the Credit Card Coordinator in the Procurement Services Office.

Employee applicant requests that he or she be issued a US Bank Visa Travel Card. In consideration of the issuance and the use of the card, the employee and department agree to be bound by the US Bank Cardholder Agreement accompanying the card, as amended by US Bank from time to time, for all charges incurred by the use of the card for the related account. Creditor is US Bank National Association,ND.

**Section D - Supervisor Signature-Signature of person signing monthly TCard log as Supervisor**

_____ (Supervisor Signature)	_____ (Date)	_____ (Supervisor Email)	_____ (Phone)
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**Section E - Procurement Services Credit Coordinator**  
**DO NOT WRITE BELOW THIS LINE**

Processed:	Submitted to US Bank	Credit Card Coordinator Signature:
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# Travel Card New Account Agreement

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Please initial each item below)*

- \_\_\_\_\_ 01) I as an employee of Arkansas State University-Jonesboro, fully understand and agree to the following terms and conditions regarding use and safekeeping of the Travel Card.
- \_\_\_\_\_ 02) I agree that all credit limits or changes must be justified and approved by the division Vice Chancellor or Division Director if no Vice Chancellor.
- \_\_\_\_\_ 03) I agree to document all Travel Card expenditures and obtain itemized receipts. These will be attached to the monthly Travel Card Log and signed by my approved supervisor. If my supervisor is unable to sign my log, I will submit it to the Vice Chancellor or Director.
- \_\_\_\_\_ 04) 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 do not comply with this guideline.
- \_\_\_\_\_ 05) In the event that I cannot complete my monthly log, due to emergency, illness, vacation, or conference I will notify the Travel Card Coordinator and make arrangements with another trained employee to complete my monthly log.
- \_\_\_\_\_ 06) I understand that if my Travel Card transaction log is late or incorrect and I have not amended the situation in a timely manner, my Travel Card privileges will be suspended or terminated by the Travel Card Coordinator.
- \_\_\_\_\_ 07) **I understand it is my responsibility to be aware of my department budget when using the Travel Card. If charges exceed the current fiscal year budget these charges will be taken from the next fiscal year budget.**
- \_\_\_\_\_ 08) I understand that the Travel Card is to be used for official travel of Arkansas State University-Jonesboro and will not use the card for any unauthorized travel or personal purchases.
- \_\_\_\_\_ 09) I understand that the card issued in my name is only to be used by me. I agree to not share my card or card number with anyone. No other employee's expenses may be charged to my card. I will be making financial commitments on behalf of Arkansas State University-Jonesboro and will endeavor to obtain fair and reasonable prices.
- \_\_\_\_\_ 10) I will immediately report theft or loss of the card to Visa by phone, my liaison (if applicable) and the Travel Card Coordinator. I will submit a Lost or Stolen Card form to the Credit Card Coordinator.
- \_\_\_\_\_ 11) I will surrender my Travel Card upon (a) termination of employment, or (b) transfer to another department or (c) requested by my supervisor or the Credit Card Coordinator.
- \_\_\_\_\_ 12) I will attend training for the Travel Card. I understand that I may be required to attend retraining sessions when notified by the Credit Card Coordinator due to changes in state travel regulations.
- \_\_\_\_\_ 13) I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Travel Card may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment

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

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

**DO NOT WRITE BELOW THIS LINE**

Application Processed Date: \_\_\_\_\_

Credit Card Coordinator: \_\_\_\_\_

Revised October 2017