

ARKANSAS TECH UNIVERSITY DEPARTMENTAL T-CARD EMPLOYEE AGREEMENT

Cardholder Name: _____ Dept: _____ Campus Address: _____

Email Address: _____ Telephone: _____ DL Number: _____

T Number: _____

I, as an authorized Departmental T-Card holder and custodian, fully understand and agree to the following terms and conditions:

1. I as an employee of Arkansas Tech University, fully understand and agree to the following terms and conditions regarding use and safekeeping of the Travel Card. As the departmental card cardholder and custodian, I am liable for all unauthorized charges made on the departmental card and will contact Travel Services prior to making any charges of which I am unsure.
2. I agree to ensure that a requisition and purchase order are in place for all anticipated charges prior to using my card.
3. I agree that all credit limits or changes must be justified and approved by the department Vice President or the department Dean or Director.
4. 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 my Vice President or Director.
5. 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
6. In the event that I cannot complete my monthly log due to emergency or illness, will notify the Travel Card Office and make arrangements with another trained employee to complete my monthly log.
7. 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.
8. I understand that the Travel Card is to be used for official travel of Arkansas Tech University and is the property of ATU. I will not use the card for any unauthorized travel or personal purchases.
9. I understand that the card issued in my name is only to be used under my guardianship as the departmental card custodian. I will be making financial commitments on behalf of Arkansas Tech University and will endeavor to obtain fair and reasonable prices.
10. I will immediately report the theft or loss of the card to MasterCard at 800-307-7309, to Purchasing, and to my department head.
11. I will surrender my Travel Card upon (a) termination of employment, or (b) transfer to another department or (c) if requested by my supervisor or Travel Services. Further, I understand that my last paycheck will be withheld until the Travel Card is properly surrendered
12. I have received training for the use of the card and agree to follow all established procedures. I understand that I may be required to receive retraining when notified 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 and/or criminal charges being filed with the appropriate authorities.

I hereby accept the above terms and conditions:

Employee (printed name)

Employee Signature

Date Signed

I, as Department Head, assign Index _____ with an established monthly limit of \$ _____ to be used for all charges related to the use of this T-Card.

Department Head (printed name)

Department Head Signature

Date Signed

Approved by:

Vice President (printed name)

Vice President Signature

Date Signed

T-Card Issued By: _____

Date Issued: _____

T-Card No: _____

Signature of Cardholder (acknowledging receipt of card)