

Cardholder Name: _____ Dept: _____ Campus Address: _____

Email Address: _____ Telephone: _____ DL Number: _____

T Number: _____

I, as an authorized T-Card holder, 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.
2. I agree that all credit limits or changes must be justified and approved by the department Vice President or the department Dean or Director.
3. 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 President or Director.
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 do not comply with this guideline
5. In the event that I cannot complete my monthly log, due to emergency, illness vacation, or conference I will notify the Travel Card Office and make arrangements with another trained employee to complete my monthly log.
6. 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.
7. I understand it is my responsibility to be aware of my department budget when using the Travel Card.
8. I understand that the Travel Card is to be used for official travel of Arkansas Tech University. 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 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 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 the Travel Department 356-2034 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 the Travel Office. 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 by the Travel Office 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)