AG-814 (10/2012)

Texas A&M AgriLife
Administrative Services – Disbursements/Travel

# Agency Individual Travel Card Application and Agreement

## *Business Travel Only*

Mail to Disbursements/Travel: MS 2147; College Station, TX 77843-2147

☐ **06 (Research)** ☐ **07 (Extension)** ☐ **20 (TVMDL)**

***Name to Appear on Card:*** _____

***Cardholder UIN:*** _____ ***Department Code:*** _____ ***Mailstop:*** _____

***Email:*** _____ ***Phone Number:*** _____

***Requested Monthly Limit:*** ***$*** _____

***Departmental Card Administrator:*** _____

***Email:*** _____ ***Phone Number:*** _____

As the cardholder, I agree to comply with the terms and conditions of this Agreement.

**I acknowledge** that I have read and understand the terms and conditions of this Agreement and the Travel Guidelines in the Guidelines for Disbursement of Funds. I understand that Texas A&M AgriLife Research, Texas A&M AgriLife Extension Service, and the Texas A&M Veterinary Medical Diagnostic Laboratory, hereinafter called Texas A&M AgriLife, is liable to Citibank and MasterCard for all charges.

**If I use** this card, I agree to use it for Texas A&M AgriLife approved business travel expenses only. Furthermore, I agree **not to charge personal travel expenses**, and am educated on the proper uses of the card. I agree to report any personal charges against the Agency Individual Travel card to Texas A&M AgriLife Disbursements/Travel. I will repay AgriLife all personal charges. I understand the allowable uses of the Agency Individual Travel card and have read the Agency Travel Cardholder Checklist. I further understand an expense report in the E-Travel/Concur system must be completed within 30 days of the last date of travel or the return date. I am also aware the card may occasionally be declined due to Merchant Category Codes. If my card is declined I am to contact Texas A&M AgriLife Disbursements/Travel. I understand that AgriLife will audit the use of this card and report findings to the department head or department approver.

**I understand** that the card is property of Texas A&M AgriLife. I further understand that AgriLife may terminate the right to use this card at any time for any reason. I agree that the card remains with the department immediately upon termination of employment and will notify Texas A&M AgriLife Disbursements/Travel.

***Original Signature Required***

***Cardholder Signature*** ***Date***

***Department Head Approval***

I hereby approve the applicant listed above, for issuance of a Texas A&M AgriLife Agency Travel Card. I agree that any accounts that will be reallocated to in the E-Travel/Concur system will have sufficient funds. I will ensure that a reconciliation and approval of all expense reports will be performed. I understand that the improper use of this card may result in disciplinary action, up to and including termination of employment of the cardholder.

***Original Signature Required***

***Department Head or Designee (Print or Type)*** ***Department Head or Designee Signature and Date***

State law requires that you be informed of the following: (1) you are entitled to be informed about the information Texas A&M System collects about you (with a few exceptions as provided by law); (2) you are entitled to receive a copy of that information; and (3) you are entitled to have the information corrected at no charge to you.