



USER/SUPERVISOR STATEMENT OF RESPONSIBILITY

**Texas A&M AgriLife
Research**

**Texas A&M AgriLife Extension
Service**

TVMDL

In the utilization of the payment/travel card software, there are several changes, revisions, and reports that may be made to the account to which I have access. Changes and revisions including funding sources and /or the object (expense) codes as well as report generation are examples of the capabilities of the software. In making changes or revisions, I accept the responsibility of knowing that the changes are allowable within the funding sources and the funds are available. I also accept the responsibility of keeping the reports and information confidential.

I understand, accept and will complete training relating to the responsibilities as a User/Supervisor of the payment/travel card software provided to me by the bank and Texas A&M AgriLife. Misuse or abuse of this responsibility as User/Supervisor may be just cause for revocation of software access and disciplinary action.

Signature

Date

Printed Name

Phone Number

Departmental/Unit Name

Email Address

As supervisor of the employee listed above, I grant authorization for the use of the payment/travel card software, as intended, to this employee. Errors and/or omissions shall be corrected promptly to assure payment is made in a timely manner. This authorization is not transferable without my expressed written permission.

Dept./Unit Account Signer Signature

Date

Printed Name