

Texas A&M AgriLife
Administrative Services – Disbursements/Travel



Agency DART Travel Card Application and Agreement

Business Travel Only

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

If this person will be traveling more than once per year, complete AG-814 instead.

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

Name to Appear on Card: _____

Cardholder UIN: _____ Department Code: _____ Mailstop: _____

Email: _____ Phone Number: _____

As the Cardholder, I acknowledge that I have read and understand the terms and conditions of this Agreement. I understand that Texas A&M AgriLife Research, Texas A&M AgriLife Extension Service, and Texas A&M Veterinary Medical Diagnostic Laboratory, herein after referred to as AgriLife, is liable to Citibank and MasterCard for all AgriLife charges. I understand that this is a declining balance card, and that all expenses must be fully substantiated by receipts or other acceptable documentation. Failure to document these expenses will result in taxable income to the employee or cardholder if not documented within 30 days from the program end date or last date of travel.

I agree to use this card **only** for AgriLife approved purchases relating to business travel, and understand that I am responsible for repayment of any unauthorized charges. AgriLife Disbursements Office will audit the use of this card, and report findings to department head or department approver.

_____ **Cardholder Name (Print or Type)** _____ **Cardholder Original Signature** _____ **Date**

\$ _____ **Declining Balance Limit \$** _____ **Default FAMIS Account**

Dates of Travel: Start: _____ End: _____

If eTravel/Concur card needs to be assigned to an employee other than the cardholder, provide the following:

Name: _____ UIN: _____

Email: _____ Phone Number: _____

I agree to ensure all users of the card agree to use it for AgriLife approved business travel expenses only, **not to charge personal travel expenses**, and am educated on the proper uses of the card.

_____ **Card Administrator Name (Print or Type)** _____ **Cardholder Administrator (Original Signature)** _____ **Date**

I hereby approve the applicant, listed above, for issuance of a Texas AgriLife Research, Texas AgriLife Extension Service, or Texas Veterinary Medical Diagnostic Laboratory, herein after referred to as AgriLife DART Travel Card. I agree that the FAMIS account listed above will have funds sufficient to pay any and all charges made by this individual. I will ensure that a monthly reconciliation and approval of all expenses will be done through the eTravel/Concur system, and all documentation will be provided. I understand that improper use of this card by this individual may result in disciplinary action, up to and including termination of employment of cardholder.

_____ **Dept. Head or Designee (Print or Type)** _____ **Dept. Head or Designee (Original Signature)** _____ **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.