

University/Agency Travel Card Application and Agreement Form



THE TEXAS A&M
UNIVERSITY SYSTEM

SELECT THE APPROPRIATE AGENCY FROM THE DROP DOWN LIST:

BUSINESS TRAVEL ONLY

For TAMU, TAMUS, TAMUS SRS, TAMUS TC Mail To: Financial Management Operations, MS 6000, College Station, TX Attn: Card App Processing
For TAMUG Mail to: Financial Management Services, P.O. Box 1675, Galveston, Texas 77553 Attn: Card App Processing

Name To Appear On Card:

Cardholder UIN:

Dept. Code:

Mail Stop:

Email:

Phone No.:

Card will be issued with a Monthly Transaction Limit of \$1.00. Limit will need to be increased at time of approved travel.

Established Monthly Credit Limit For Frequent Travelers \$

Department Contact

Departmental Card Administrator:

Email:

Phone No.:

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 University, Texas A&M University at Galveston, Texas A&M University System, Texas A&M University System Sponsored Research Service or Texas A&M University System Technology Commercialization (hereinafter called Member) is liable to Citibank & MasterCard for all Member charges.

I agree to use this card for Member 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 University Travel Card to FMO-Payment Card Office or FMS at Galveston. I will repay the Member all personal charges. I understand the allowable uses of the University Travel Card and have read the University Travel Cardholder Checklist. I further understand an expense report in the Concur Travel 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 FMO-Payment Card Office or FMS at Galveston. I understand that the Member will audit the use of this card and report findings to the departmental head or departmental approver.

I understand that the card is property of the Member. I further understand that the Member may terminate my right to use this card at any time for any reason. I understand that the improper use of this card may result in disciplinary action, up to and including my termination. I agree the card remains with the department immediately upon termination of employment and will notify FMO-Payment Card Office or FMS at Galveston.

Applicant's (Cardholder) Name (Print/Type)

Applicant's (Cardholder) Signature

Date

Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member University Travel Card. I agree that any account/support account that will be reallocated to in the Concur Travel System will have funds sufficient to pay any and all charges made on the University Travel Card. 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.

Department Head or Supervisor Name (Print/Type)

Department Head or Supervisor Signature

Date

State law requires that you be informed of the following: (1) you are entitled to be informed about the information the Member 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.