



TRAVEL CARD APPLICATION - SIGNATURE FORM

Tarleton State University

Please complete this form and submit to Business Services 3 weeks before your trip. Submit via Smartsheet link: <https://app.smartsheet.com/b/form/d38f0596eeb843eba9e0d9b91ec29f70>

As the Cardholder, I acknowledge that I have read and understand the terms and conditions of this Agreement. I understand that Tarleton State University, hereinafter referred to as Member, is liable to Citibank & MasterCard for all Member charges. I understand that this is a declining balance card and that all expenses must be fully substantiated by receipts or other acceptable documentation. I understand that an expense report must be completed and filed with all charges to this card in Concur/eTravel. 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 Member approved purchases relating to the business travel, assigned study abroad program or student travel and understand that I am responsible for repayment of any unauthorized charges. Tarleton State University, Office of Business Services will audit the use of this card and report findings to department head or department approver.

I further understand that improper use of this card may result in disciplinary action up to and including termination of employment. I agree to repay the Member any amounts owed by me even if I am no longer employed by the Member.

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

Cardholder Name (Print/Type)

Cardholder Signature

Date

I hereby approve the applicant, listed above, for issuance of a Tarleton State University herein after referred to as Member Travel Card. I agree that the FAMIS/SUPPORT 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 Concur/eTravel 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.

Department Head or Designee (Print/Type)

Department Head or Designee Signature

Date