

University/Agency Travel Card Application and Agreement Form



Please use the check box next to the System Part for which cards are being requested.

BUSINESS TRAVEL ONLY

For TAMU and TAMUS 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 \$

Departmental Card Administrator:

Phone No.: E-Mail:

As the cardholder, I agree to comply with the terms and conditions of the 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 or Texas A&M University System Offices, hereinafter called Member, is liable to Citibank & MasterCard for all charges.

If I use this card, I agree to use it 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 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 E-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 Galveston. I understand that the Member 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 the Member. I further understand the Member may terminate the 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 Galveston.

Cardholder Signature

Date

Department Head Approval

I hereby approve the applicant listed above, for issuance of a Member University Travel Card. I agree that any accounts that will be reallocated to in the E-Travel 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.

Department Head or Designee (Print/Type)

Department Head or Designee 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 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.

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