

# DART Travel Card Application and Agreement Form



THE TEXAS A&M  
UNIVERSITY SYSTEM

SELECT NAME OF 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.:

**As the Cardholder, I acknowledge** that I have read and understand the terms and conditions of this Agreement. I understand that Texas A&M University, Texas A&M University at Galveston, Texas A&M University System, Texas A&M University Sponsored Research Services or Texas A&M University Technology Commercialization, 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. 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 business travel, assigned study abroad program, student travel or contracted services travel and understand that I am responsible for repayment of any unauthorized charges. Texas A&M University Financial Management Operations or Texas A&M University at Galveston's Fiscal Office 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 or associated with the Member.

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

Applicant's (Cardholder) Signature

Date

Declining Balance Limit \$

Cash advance Limit (% of Declining Balance Limit) **Only With Prior Approval**

In The Concur Travel System Card Needs To Be Assigned To UIN:

Name Of Individual Card Needs To Be Assigned To:

Email:

Phone No.:

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.

Card Administrator (Print/Type)

Card Administrator Signature

Date

### Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member DART 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 DART 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.