

# Cardholder Delegation Form for TCard

I, (cardholder)\_\_\_\_\_ am delegating the use of my TCard to (delegated employee)\_\_\_\_\_ for use in procuring airfare for University Travel related to a valid Travel Authorization. Authorization is given for the period \_\_\_\_\_ through \_\_\_\_\_. **By signing this agreement, you as (delegated employee) acknowledge that you understand and will comply with all of the University of Arkansas Travel Card guidelines, as listed below.**

I, as the authorized and approved cardholder fully understand that I am ultimately responsible for the purchases made by the delegated employee using my TCard.

Both the delegated employee and the cardholder must sign and agree to the following terms and conditions regarding the use and safekeeping of the travel card (TCard):

1. I will be making financial commitments on behalf of the University of Arkansas and will obtain fair and reasonable prices. NO first class tickets will be purchased without authorization from the U of A Travel Office.
2. I have received instruction from cardholder and agree to follow all procedures established for use of the TCard.
3. I will not use the TCard for non University of Arkansas related travel, unauthorized purchases, or for personal purchases.
4. I will immediately return the TCard, and all receipts, to the cardholder.
5. I understand that the use of the TCard does not exempt me from travel requirements as set forth in University of Arkansas policy and procedures and the TCard guidelines.
6. I understand that I am personally responsible for obtaining ALL original detailed receipts (purchase and credit documents) and submitting them in accordance with University of Arkansas TCard procedures.
7. I understand that any purchases made by me will be recorded and reviewed in management reports, to insure compliance with Travel and TCard guidelines.
8. I understand that failure to follow any of the above listed terms & conditions or if found to have misused the TCard in any manner may result in:
  - o Revocation of the privilege to use the TCard
  - o Disciplinary action
  - o Termination of employment, and/or criminal charges being filed with the appropriate authority.

I hereby accept the above terms and conditions for delegation of the TCard.

_____	_____	_____
Delegated Employee Name	Delegated Employee Signature	Date Signed
_____	_____	_____

_____	_____	_____
Cardholder Name Printed	Cardholder Name Signature	Date Signed

**This form must be attached to each receipt for which the delegation of the TCard was used**

**This form will be scanned with the receipt.**