**University of Arkansas Travel Card Agreement for Employee**

**Congratulations!** You have been granted the privilege of having a University of Arkansas Travel Card (TCard). Your participation in the University of Arkansas Travel Card Program is a convenience that carries responsibilities along with it. Although this card is issued in your name, it **IS** University property and must be used with good judgment. **By signing this agreement, you acknowledge that you understand and will comply with all of the University of Arkansas Travel Card guidelines, as listed below.**

I, as an authorized and approved cardholder have been trained and fully understand and agree to the following terms and conditions regarding the use and safekeeping of the travel card (TCard) entrusted to me:

1. I accept full personal responsibility for the safekeeping of the TCard assigned to me, and that absolutely no one, other than myself is permitted to use the TCard assigned to me. If I have an ADMN TCard, the Cardholder Delegation Form, may be used when I have allowed another person to utilize my card, understanding that the Cardholder Delegation Form may only be used in relation to booking of airfare and possibly registration***. If I have a Traveler TCard, all charges download as a 'receivable' and therefore are ONLY associated directly to the cardholder.***
2. I will be making financial commitments on behalf of the University of Arkansas and will obtain fair and reasonable prices following U of A Travel Policy and State of Arkansas Travel Regulations. **For Example: No First Class Tickets.**
3. I will submit my Travel Claim to the University Travel Office within 15 days after completion of trip, showing expenses incurred with all required receipts attached.
4. If I use my TCard for lodging, meals, or car rental (or other travel related expenses), I understand that these purchases will result in a 'receivable' against me and I am responsible for repayment of any of these charges deemed not allowable when Travel Claims are submitted to the Travel Office. I further understand that any unallowable amount must be repaid to the U of A within 30 days after Travel Claims have been filed.
5. In the event that I fail to repay any reimbursable amount, not allowable, the University is authorized to withhold the full amount from any payment (s) due me from the University, including payroll checks, as repayment. I understand that failure to follow these provisions more than once within any 12-month period will result in suspension of my TCard.
6. I will not use the TCard for non-University of Arkansas related travel expenses, unauthorized purchases, or for personal purchases.
7. I will immediately report the theft or loss of my TCard to US Bank by phone at 1-800-344-5696 AND the University of Arkansas Credit Card Administrator at 479/575-7951.
8. 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, State of Arkansas Travel Regulations and the TCard guidelines.
9. I understand that I cannot use the TCard as a financial reference to obtain personal credit cards or loans.
10. 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, for those purchases where a receipt is required.
11. I understand that any purchases made by me will be recorded and reviewed in management reports, to insure compliance with U of A Travel policies and TCard guidelines.
12. 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:
	* Revocation of the privilege to use the TCard o Disciplinary action
	* Termination of employment, and/or criminal charges being filed with the appropriate authority.
13. I agree to surrender the TCard immediately upon request or upon termination of employment for any reason.

I, hereby accept the above terms and conditions and acknowledge receipt of the TCard.

Date Employee Signature Employee email address