Travel Card
Cardholder Participation Agreement

Cardholder __________________________________________________

Department _________________________________   Extension  __________

Department Administrator ________________________________________

I hereby acknowledge receipt of the Travel Card User Manual and agree to comply with
the Travel Card Program policies and procedures.

I further agree to only use the card for authorized University travel and purchases and
will not use the card for personal purchases nor loan the card to other persons. I understand the following items may NOT be purchased with the credit card.

- Air conditioners/heaters (unless approved by Facilities)
- Audio/visual equipment, computer hardware/software & related peripheral equipment (unless approved by UIS)
- Cash advances
- Contracts for:
  - individuals (e.g. consultants)
  - maintenance
  - public works or trades (including: carpet installation, building alteration/renovation)
  - real property purchases, leases, or long term rentals
- Firearms or weapons
- Furniture (unless approved by Facilities Director/Purchasing)
- Gasoline for personal vehicles (card may be used for gasoline for vehicle rentals, BBQ’s and small engines [e.g. lawn movers])
- Gift certificates exceeding $25.00
- Illegal drugs, narcotics or controlled substances
- Insurance
- Items for personal use
- Items that attach to University buildings (e.g. window treatments, signs, bulletin boards)
- Single item equal to or greater than $5,000.00
- Splitting purchases to circumvent the per item transaction limit
- Telecommunications (e.g. phones, unless approved by UIS)
- Temporary employment agencies
- Websites (e.g. E-Bay, Craig’s List)

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As holder of this credit card, I agree to accept the responsibility for the protection and proper use of the card as stated in the Cardholder Responsibilities section of the Travel Card Manual. If the card is lost, compromised or stolen, I will report such occurrence to US Bank, my Department Administrator, and Accounts Payable. Upon receipt of the monthly bank statement I will verify the accuracy of the charges and forward the statement along with supporting itemized receipts to my Department Administrator. If there is a disputed charge on the statement, I understand it is my obligation to contact US Bank for resolution.

I further understand that my card privileges may be revoked for improper use of the card or non-adherence to the Travel Card policies and procedures. Should I terminate employment with the University, or transfer to a department where a card is not required, I will return the card to Accounts Payable.

If the reconciled card statement is not returned to Accounts Payable by the 1st working day of the month the card balance will be charged to department default account
   - - - - - 7547.

I understand that the reconciled card statement must still be returned to Accounts Payable within 2 weeks of return to campus.

Signature _______________________________ Date ________ Cardholder

Signature _______________________________ Date ________ Department Administrator