

TEXAS A&M UNIVERSITY

TRAVEL CARD PROGRAM

CBA Card Application and Agreement Form

Mail To: Financial Management Operations, MS 6000, Attn: Travel Card App Processing

Department (Card) Name: _____

Department's code: (Four alpha Characters) _____ Mail Stop: _____

Phone Number: _____ E-mail: _____

Card Administrator: Name: _____ Phone: _____

E-mail: _____ Universal Identification Number (UIN): _____

FAMIS account and support account to be used as default: _____

Please indicate the MCC Groups for this card: Airfare _____ Hotel: _____ Rental Car: _____

As the card administrator, I agree to comply with the terms and conditions of this Agreement.

I acknowledge that I have read and understand the terms and conditions of this Agreement. I understand that Texas A&M University is liable to JP Morgan Chase & MasterCard for all Texas A&M University charges.

I agree to use this card for Texas A&M University approved business travel expenses **only** and agree not to charge personal travel. I agree to report any personal charges against the CBA by travelers to FMO-Payment Card Office and immediately collect those funds from the traveler. I understand the allowable uses of the CBA card and have read the CBA Card Administrator Checklist. I further understand that the transactions must be reallocated, reconciled and approved prior to the reallocation deadline each month. I understand that Texas A&M University will audit the use of this card and report findings to the departmental head or department approver.

I understand that the card is property of Texas A&M University. I further understand that Texas A&M University may terminate the right to use this card at any time for any reason. I agree that the card remains with the department of Texas A&M University immediately upon termination or transfer of employment and will notify FMO-Payment Card Office to transfer the card to an appropriate card administrator.

*Monthly Transaction Limit \$ _____ *Limits should be based on Departmental needs.

Card Administrator Signature

Department Head Approval

I hereby approve the card administrator listed above, for issuance of a Texas A&M University CBA Card. I agree that the account listed above as the default account is accurate and any accounts that will be reallocated in Pathway Net will have sufficient funds. I will ensure that a monthly reconciliation and approval of all statements will be performed by the monthly reallocation deadline and all documentation retained as required. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment.

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 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.