

No. Cards: \_\_\_\_\_

TEXAS A&M UNIVERSITY

TRAVEL CARD PROGRAM

Departmental Card Application and Agreement Form (Local Funds Only)

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

Department (Card) Name (limited to 22 characters): \_\_\_\_\_

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

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      Parking      Restaurants  
Incidentals      (tolls, taxi, subway, bus, railroad, copy service)

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.

If I use this card, I agree to use it for Texas A&M University approved business travel expenses only. Furthermore, I agree to ensure all users of the card agree to use it for Texas A&M University approved business travel expenses only, not to charge personal travel expenses, and are educated on the proper uses of the card. I agree to report any personal charges against the Departmental Travel Card by travelers to FMO-Payment Card Office and to facilitate collection of those funds from the traveler. I understand the allowable uses of the Departmental Travel card and have read the Departmental Travel Card Administrator Checklist. I agree to use the template check out/in log as the card is shared with travelers. I further understand that the transactions must be reallocated, reconciled and approved prior to the reallocation deadline each month and the documentation maintained according to the record retention policy. I understand that Texas A&M University will audit the use of this card and report findings to the department 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: \$1.00 \*Limits to be established based upon individual approved travel.

\_\_\_\_\_  
Card Administrator Signature

**Department Head Approval**

I hereby approve the card administrator listed above, for issuance of a Texas A&M University Departmental Travel Card (s). 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 or any individuals using the card may result in disciplinary action, up to and including termination of employment.

In the event that I, \_\_\_\_\_ the Approver on the account associated with this card, am unavailable to request credit limit increases I hereby designate \_\_\_\_\_ or \_\_\_\_\_ to request credit limit increases as necessary.

\_\_\_\_\_  
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.