



University Travel Card Application and Agreement Form

BUSINESS TRAVEL ONLY

Employee Name: _____ UIN: _____

Ext. _____ Email: _____ Department: _____

I acknowledge that I have read and understand the terms and conditions of this Agreement governing my use of a University Travel Card (hereinafter card), and I agree to fully comply with them and the terms for travel in the [University Travel Guidelines](#). I understand that Texas A&M International University (hereinafter TAMIU) is liable to Citibank & MasterCard for all charges on my card, and I am liable to TAMIU for these charges in terms of either reimbursing the University for disallowed expenses or providing appropriate documentation for allowable expenses.

I agree to use this card for **TAMIU approved business travel expenses only** and not any type of personal expense. Should I accidentally charge a personal expense, I agree to notify Accounts Payable/Travel within one business day of realizing this, and I will repay TAMIU for all personal charges.

I understand an expense report must be completed within 30 days of the last date of University travel in the Concur Travel System. If I fail to complete an expense report within 90 days of the last date of University travel, I understand my expenses will be treated as taxable income.

Further, I understand:

- my card may occasionally be declined due to Merchant Category Codes, and I am to contact Accounts Payable/Travel if/when this happens.
- the card is property of TAMIU.
- TAMIU may terminate my right to use this card at any time for any reason.
- the improper use of this card may result in disciplinary action, up to and including my termination.
- I must surrender the card to TAMIU immediately upon termination of employment.

Applicant's (Cardholder) Signature

Date

Department Head or Designee Approval

I hereby approve issuance of a University Travel Card to the applicant listed above and will ensure the timely reconciliation and approval of all expense reports.

Name (Print/Type)

Signature

Date

FOR A/P-TRAVEL OFFICE USE ONLY

___ Card will be issued with a Monthly Transaction limit of \$1.00.

___ Established monthly credit limit for frequent traveler \$ _____

___ Credit Card # _____

SUBMIT TO:

**Accounts Payable/Travel
Killam Library 152**

FOR ASSISTANCE:

mmedina@tamiu.edu

Ext. 2817