

# Prairie View A&M University

## Centrally Billed Card

### Cardholder Application and Agreement Form

#### APPLICANT INFORMATION:

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First and Last name (to appear on card): \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
PVAMU UIN# \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department's Code (Four alpha Characters i.e. CEPR, ATHL) \_\_\_\_\_

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#### COMPLIANCE ACKNOWLEDGEMENT: (Read and Initial Each)

I am requesting issuance of a Citibank® Centrally Billed Card for **expenses** associated with official university business. Travel expenses authorized to be charged are limited to standard Merchant Category Code (MCCs) for travel expenses as allowed by the State of Texas or other codes allowed by the university pursuant to official guidelines.

\_\_\_\_ I understand the **CENTRALLY BILLED CARD** will be used only for **reimbursable official** State of Texas Business and never for personal use. Use of the **CENTRALLY BILLED CARD** for charges other than official State business is a direct violation of the State's contract with Citibank, the State of Texas Charge Card Program and Texas Administrative Code §125.8. Misuse may result in cancellation of the **CENTRALLY BILLED CARD** and could subject the offender to disciplinary action up to and including termination of employment.

\_\_\_\_ I understand that it is my responsibility to read and abide by the provisions of PVAMU **Procurement & Disbursement Services** guidelines.

\_\_\_\_ I will review the monthly credit card statement to assure all charges are authorized. Unauthorized charges and/or billing errors will be formally disputed with Citibank and communicated to the Procurement & Disbursement Services Director before the payment due date.

\_\_\_\_ I understand that all charges incurred are subjected to review by public and government entities as provided by the Texas Public Information Act.

\_\_\_\_ I understand that management including the appropriate Vice President, account administrator, and/or my direct supervisor will be notified in writing of any misuse of my **CENTRALLY BILLED CARD** account.

\_\_\_\_ I understand that only the individual whose name appears on the **CENTRALLY BILLED CARD** (embossed name) can complete in-person initiated charges and sign receipts. However, on-line or telephone- initiated charges may be authorized on behalf of other PVAMU travelers provided those charges are for official PVAMU travel and allowable reimbursable costs as authorized in advance by an approved Travel Authorization Request.

\_\_\_\_ I understand that it is my responsibility as a PVAMU employee to use a **Tax-Exempt Certificate** in Texas for lodging and car rental.

\_\_\_\_ If my card is lost or stolen, I must immediately report this to Citibank and inform Travel and Expense Services.

\_\_\_\_ Determination of allowed spending limits to the card I am issued will be authorized by the Travel and Expense Director based on criteria set forth in this application.

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\_\_\_\_ I understand that PVAMU will provide Citibank with the last 4-digits of my University Identification Number (UIN) for identification purposes, including card activation.

11-Digit Account to be utilized for reconciliation: \_\_\_\_\_

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#### Select application being requested:

1. Non-travel application ☐
2. Travel application ☐
3. Both Travel and Non-travel application ☐

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**Applicant Attestation:** I understand the above-stated policies, guidelines and consequences for using a State of Texas **CENTRALLY BILLED CARD** and agree to abide by them.

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**Supervisor (Print/Type)**

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**Supervisor Signature**

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**Date**

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**Budget Authority (Print/Type)**

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**Budget Authority Signature**

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**Date**

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#### Training Completion Date is Required

Training Complete Date:	
Card Services Approval by (please print):	Credit Limit:
Card Services Approver Signature:	