Prairie View A&M University Centrally Billed Travel Card Cardholder Application and Agreement Form

APPLICANT INFORMATION:

First and Last name (to appea	r on card):	
Email:	Cell:	Other:
PVAMU UIN#	Job Title:	
Department's Code (Four alp	ha Characters i.e. CEPR, ATHL)	

COMPLIANCE ACKNOWLEDGEMENT: (Read and Initial Each)

I am requesting issuance of a Citibank[®] Centrally Billed Travel Card for travel 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 TRAVEL CARD will be used only for reimbursable official State of Texas Business travel and never for personal use. Use of the CENTRALLY BILLED TRAVEL 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 TRAVEL 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 the **PVAMU Travel 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 Travel and Expense 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 **CENTRALLU BILLED TRAVEL CARD** account.

_____I understand that only the individual whose name appears on the **CENTRALLY BILLED TRAVEL CARD** (embossed name) can complete in-person initiated charges and sign receipts. However, on-line or telephoneinitiated 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:

1. Do you anticipate traveling more than three times pe calendar year? Yes No				
2. What is your estimated maximum travel expenditure? \$				
3. Do you have a need for travel in the next 30-60 days? Yes No				
4. Date of anticipated travel:				
A. Anticipated Expense Re	equest: \$			
5. Type of Business Travel: (Check a	all that apply)			
Athletics Conference Guest Travel Research		Presentation Professional Development Recruiting Other:		
Applicant Attestation: I understand the above-stated policies, guidelines and consequences for using a State of Texas CENTRALLY BILLED TRAVEL CARD and agree to abide by them.				
Supervisor (Print/Type)	Supervisor Signature	Date		
Budget Authority (Print/Type)	Budget Authority Signature	Date		
Travel and Expense Services Office Use Only				
Credit Limit:	Training Complete I	Date:		
Approved by (please print):				
Signature:				