

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

First and Last name (to appear on card): _____

Email: _____ Phone: _____ **PVAMU UIN#** _____

Job Title: _____

Department's Code: (Four alpha characters i.e. CEPR, ATHL) _____

COMPLIANCE ACKNOWLEDGMENT: (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 Codes (MCCs) for travel expenses as allowed by the State of Texas or other codes allowed by the university pursuant to official guidelines.

_____ I understand that the **CENTRALLY BILLED TRAVEL CARD** is the property of Prairie View A&M University, and as a cardholder, I am responsible to retain the card in a safe place and take necessary measures to prevent theft or misuse of the card.

_____ 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 may subject the offender to disciplinary action, up to and including termination of employment.

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

_____ 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 reported to Travel and Expense Services Management before the payment due date.

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

_____ 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 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 spending limits to the card I am issued will be authorized by Travel and Expense Management, based on criteria set forth in this application.

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

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

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

1. Do you anticipate traveling more than three times per calendar year? Yes ☐ No ☐
2. Considering a **single trip**, estimate the highest total travel request to be funded within one year? \$ _____
3. Do you have a need for travel in the next 30-60 days? Yes ☐ No ☐
4. Date of anticipated travel: _____
 - Anticipated Expense Request: \$ _____
5. Type of Business Travel: (check all that apply)

<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td>Athletics</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Conference</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Guest Travel</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Research</td></tr></table>		Athletics		Conference		Guest Travel		Research	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td>Presentation</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Professional Development</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Recruiting</td></tr><tr><td style="width: 20px; height: 20px;"></td><td>Other: Explain _____</td></tr></table>		Presentation		Professional Development		Recruiting		Other: Explain _____
	Athletics																
	Conference																
	Guest Travel																
	Research																
	Presentation																
	Professional Development																
	Recruiting																
	Other: Explain _____																

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.

Applicant's Name (Print/Type)

Applicant's Signature

Date

I hereby approve the applicant, listed above, for issuance of a Prairie View A&M University Travel Card. I agree that the account identified will have sufficient funds to support all charges made by this individual. I understand my responsibility to ensure monthly reconciliation of all expenses with proper documentation 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 the applicant's employment.

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 Date:
Approved by (please print):	
Signature:	Date: