



TRAVEL CARD CARDHOLDER AND DELEGATED USER TRAINING AND AGREEMENT FORM

Please initial beside each statement and sign below. Doing so indicates that you understand and will comply with all P-Card & Travel Card requirements. P-Card Procedures are at: <http://www.usu.edu/controller/acctpay/pcard.cfm>

_____ I have completed the online training for Travel Cardholders.

_____ I have completed the online training for P-Card Cardholders and submitted the signed agreement form.

_____ I understand that the Travel Card is a special form of a P-Card and that with a few exceptions, I must understand and comply with all P-Card Procedures.

_____ I understand that the Travel Card is a restricted-use card and only specific travel related expenses are allowed on the Travel Card. These travel related expenses may include air fare, travel agencies, hotel, shuttle service and bus. I may not use the Travel Card for any personal purchases.

_____ A Travel Authorization form must be completed and electronically approved to document each charge made on the Travel Card.

_____ I understand that the travel card is to stay in the department office. If a credit card is needed for additional expenses while traveling, I may use my personal credit card or apply for a University issued Diners Corporate Travel Card.

_____ As a cardholder, I understand I am responsible for all charges on the Travel Card even if I allow someone else to use my card (a delegated user).

_____ I understand that every charge must have an itemized receipt.

_____ I understand that my Travel Card transactions must be reconciled. I am responsible to enter the corresponding Travel Authorization number in the description box in Banner Workflow. I may assign someone else to attach my receipts to the transaction in Banner Workflow. I may sign and date receipt since I am the Cardholder. My signature indicates that the Travel Card charges are University approved purchases.

_____ As a cardholder, I understand that my reconciled receipts must be reviewed and electronically approved by my supervisor. My supervisor may delegate the review process to someone else as long as that person does not report to me. My supervisor's electronic approval indicates that he/she approves of the Travel Card charges even though it is after the fact.

_____ I understand that my card usage may be audited. I am required to provide reconciled statements and all support documents when requested including copies of Travel Authorization forms.

_____ As a cardholder, I will immediately notify both Wells Fargo (800-932-0036) and a P-Card Administrator (USU: 797-0589 or USU Eastern: 435-613-5373) if my card is lost or stolen.

_____ I agree to notify a P-Card Administrator (USU: 797-0589 or USU Eastern: 435-613-5373) when I transfer to another University department or terminate employment.

By signing this training and agreement from, I agree to the above for all travel cards that are or will be held in my name or I am a delegated user for the next three years.

Employee Signature

Employee A#

Date

Employee Printed Name

Supervisor/Department Approver Name

Supervisor/ Department Approver Signature